

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau
ACF Region II

FINAL REPORT

NEW JERSEY CHILD AND FAMILY SERVICES REVIEW

FINAL REPORT – MAY 21, 2004

Final Report: New Jersey Child and Family Services Review Executive Summary

This document presents the findings of the Child and Family Services Review (CFSR) for the State of New Jersey for the period October 1, 2002 through March 22, 2004. The CFSR assesses State performance on seven child welfare outcomes pertaining to children's safety, permanency, and well being and on seven systemic factors related to the State's capacity to achieve positive outcomes for children and families. The New Jersey CFSR was conducted the week of March 22, 2004. The New Jersey CFSR findings were derived from the following documents and data collection procedures:

- The Statewide Assessment, prepared by the State child welfare agency – the New Jersey Department of Human Services, Division of Youth and Family Services (DYFS).
- The State Data Profile, prepared by the Children's Bureau of the U.S. Department of Health and Human Services, which provided State child welfare data for the years 2000 through 2002;
- Reviews of 50 cases at 3 sites in the State (Atlantic County [Atlantic City], Essex County [Newark], and Ocean County [Toms River]) and interviews or focus groups (conducted at all three sites and at the State level) with stakeholders including, but not limited to, children, parents, foster parents, adoptive parents, all levels of child welfare agency personnel, collaborating agency personnel, service providers, court personnel, and attorneys.

The New Jersey CFSR found that the State is not in substantial conformity with any of the seven child welfare outcomes assessed through the CFSR. The three areas of greatest concern pertained to Safety Outcome 2 (Children are safely maintained in their homes when possible and appropriate), Permanency Outcome 1 (Children have permanency and stability in their living situations), and Well-Being Outcome 1 (Families have enhanced capacity to provide for children's needs).

Safety Outcome 2 was determined to be substantially achieved in only 48 percent of the cases and performance on this outcome was low in all three CFSR sites. A key concern identified with regard to this outcome was that DYFS is not consistent in providing services to ensure children's safety while they remain in their homes.

Permanency Outcome 1 was determined to be substantially achieved in only 28 percent of the foster care cases reviewed during the x CFSR. The CFSR found that DYFS generally makes concerted efforts to prevent re-entry into foster care, but is less consistent in its efforts to (1) ensure children's placement stability while in foster care, (2) establish appropriate permanency goals in a timely manner, and (3) achieve children's permanency goals in a timely manner.

Well-Being Outcome 1 was determined to be substantially achieved in only 18 percent of the cases reviewed as part of the CFSR. Each indicator for this outcome was rated as an Area Needing Improvement. The CFSR found that DYFS does not make concerted efforts to meet the service needs of children, parents, and foster parents; involve children and parents in the case planning process; or establish face-to-face contact with children and parents with sufficient frequency to ensure children's safety and well-being.

As noted throughout this report, case review findings varied substantively between in-home services cases (cases in which families received services from the child welfare agency while children remained with their families and no child in the family was in out-of-home care) and foster care cases (cases in which the State child welfare agency had care and placement responsibility and the child was in an out-of-home placement at some time during the CFSR period under review). For all relevant outcomes, indicators were more likely to be rated Area Needing Improvement in the in-home services cases than in the foster care cases. This difference was particularly noteworthy for Safety Outcome 2 and Well-Being Outcome 1.

With regard to the seven systemic factors, the CFSR determined that the State was in substantial conformity with the factor of Statewide Information System. The State did not achieve substantial conformity with the systemic factors of Case Review System, Quality Assurance System, Training, Service Array, Agency Responsiveness to the Community, and Foster and Adoptive Parent Licensing, Recruitment, and Retention. With regard to the Case Review System, the CFSR found that although DYFS had established policies and procedures intended to attain permanency in a timely manner, these policies and procedures were not being implemented in a consistent manner. Concerns noted that relate to the role of the court include permanency hearings that are not being held in a timely manner; delays in achieving TPR; and inconsistency in notification of reviews and hearings to foster parents, preadoptive parents, and relative caregivers. Key concerns related to other systemic factors included the following: (1) a lack of adequate services to address the needs of children and families, (2) a training program that was not adequate to ensure the development of the necessary case practice skills, and (3) the absence of a comprehensive quality assurance system.

The overall findings with regard to the State's performance on the safety and permanency outcomes are presented in Table 1 at the end of the Executive Summary. Findings regarding well-being outcomes are presented in Table 2. Table 3 presents the State's performance relative to the national standards and Table 4 provides information pertaining to the State's substantial conformity with the seven systemic factors assessed through the CFSR. A summary of major findings is presented below.

I. KEY FINDINGS RELATED TO OUTCOMES

Safety Outcome 1: Children are first and foremost protected from abuse and neglect.

Safety Outcome 1 incorporates two indicators. One pertains to the timeliness of initiating a response to a child maltreatment report (item 1), and the other relates to whether children experience a recurrence of substantiated or indicated maltreatment (item 2).

New Jersey did not achieve substantial conformity with Safety Outcome 1. This determination was based on the following findings:

- The outcome was substantially achieved in 81.6 percent of the cases reviewed, which is less than the 90 percent required for a rating of substantial conformity.
- The State did not meet the national standards for (1) the percentage of children experiencing more than one substantiated or indicated child maltreatment report within a 6-month period, or (2) the percentage of children maltreated by a foster parent or facility staff person.

A key CFSR finding is that DYFS is not consistent with regard to initiating investigations of child maltreatment reports or establishing face-to-face contact with the child who was the subject of the report in accordance with State-established timeframes. Of the 12 maltreatment reports that were not responded to within State timeframes (some cases had multiple reports during the period under review), 9 were classified as requiring an immediate response (within 24 hours). Delays in responding to these 9 reports ranged from 2 days to 2 months.

Although the State Data Profile indicates that DYFS does not meet the national standard for maltreatment recurrence within a 6-month period, the case reviews found repeat maltreatment within 6 months in only 2 cases. However, in five cases, reviewers noted that a maltreatment allegation had been received on an open case and action had not been taken to make a formal report and investigate the allegation. According to information in the Statewide Assessment, this practice is contrary to DYFS policy.

Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate.

Performance on Safety Outcome 2 is assessed through two indicators. One indicator (item 3) addresses the child welfare agency's efforts to prevent the removal of children from their homes by providing services to the families that ensure children's safety while they remain in their homes. The other indicator (item 4) pertains to the child welfare agency's effectiveness in reducing risk of harm to children.

New Jersey did not achieve substantial conformity with Safety Outcome 2. This determination was based on the finding that the outcome was substantially achieved in 48.0 percent of the applicable cases reviewed, which does not meet the 90 percent required for a rating of substantial conformity. Performance on this outcome differed considerably as a function of the type of case (i.e., in-home services cases or foster care cases). The outcome was determined to be substantially achieved in 68 percent of the foster care cases compared to only 28 percent of the in-home services cases.

A key concern identified during the CFSR was that DYFS was not consistent with regard to providing services to ensure children's safety while remaining in the home. In the majority (60%) of the in-home services cases, reviewers noted that the children were in unsafe situations in their homes and DYFS either was not aware of the situation or was aware of the situation, but had not taken sufficient action to address the safety issues. In these cases, reviewers indicated that the children were in unsafe situations because the caseworker did not have adequate knowledge about the family's circumstances due to infrequent contacts with the children and parents and a failure to conduct safety assessments on an ongoing basis. These problems were attributed primarily to the large caseloads carried by DYFS caseworkers.

Permanency Outcome 1: Children have permanency and stability in their living situations.

There are six indicators incorporated in the assessment of Permanency Outcome 1, although not all of them are relevant for all children. The indicators pertain to the child welfare agency's effectiveness in preventing foster care re-entry (item 5), ensuring placement stability for children in foster care (item 6), and establishing appropriate permanency goals for children in foster care in a timely manner (item 7). Depending on the child's permanency goal, the remaining indicators focus on the child welfare agency's success in achieving permanency goals (such as reunification, guardianship, adoption, and permanent placement with relatives) in a timely manner (items 8 and 9), or whether children who have "other planned living arrangements" as a case goal are in stable placements and adequately prepared for eventual independent living (item 10).

New Jersey did not achieve substantial conformity with Permanency Outcome 1. This determination was based on the following findings:

- The outcome was substantially achieved in 28.0 percent of the foster care cases reviewed, which is less than the 90 percent required for substantial conformity.
- The State Data Profile indicates that for fiscal year (FY) 2002, the State did not meet the national standards for (1) the percentage of children adopted who achieved a finalized adoption within 24 months of entry into foster care; (2) the percentage

of children in foster care for less than 12 months who experienced no more than 2 placements, and (3) the percentage of children reunified who were reunified within 12 months of entry into foster care.

The State met the national standard of 8.6 percent or less for the percent of children entering foster care who were entering within 12 months of a prior foster care episode.

A key finding of the CFSR case review was that DYFS is effective in preventing re-entry into foster care. However, all other indicators for this outcome were rated as an Area Needing Improvement. Case reviews indicate that the child welfare agency was not consistent in its efforts to (1) ensure children's placement stability while in foster care, (2) establish appropriate permanency goals in a timely manner, and (3) achieve children's permanency goals in a timely manner.

Information from the case reviews and stakeholder interviews indicates that key barriers to attaining permanency in a timely manner are (1) a lack of concurrent planning (and a misunderstanding of the practice of concurrent planning), (2) a practice of maintaining a goal of reunification for long periods of time, even when the prognosis for reunification is low, (3) a lack of adequate services for families, including visitation services for children and parents to support reunification, (4) the length of the TPR process, (5) high caseloads that impact caseworkers' ability to complete their tasks in a timely manner, and (6) scarcity of Independent Living services for youth (e.g. life skills training) that results in youth not receiving these services until they are close to the time of emancipation.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Permanency Outcome 2 incorporates six indicators that assess the child welfare agency's performance with regard to (1) placing children in foster care in close proximity to their parents and relatives (item 11), (2) placing siblings together (item 12), (3) ensuring frequent visitation between children and their parents and siblings in foster care (item 13), (4) preserving connections of children in foster care with extended family, community, cultural heritage, religion, and schools (item 14), (5) seeking relatives as potential placement resources (item 15), and (6) promoting the relationship between children and their parents while the children are in foster care (item 16).

New Jersey did not achieve substantial conformity with Permanency Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 70.8 percent of the cases, which is less than the 90 percent required for substantial conformity.

CFSR case review findings indicate that DYFS makes concerted efforts to place children in close proximity to their families. However, the findings also indicate a lack of consistent effort on the part of DYFS to (1) place siblings together in foster care whenever appropriate, (2) promote frequent visitation between children and their parents and siblings in foster care, (3) seek and assess relatives as placement resources, (4) preserve children's connections to their families and heritage, and (5) support or strengthen the parent-child relationship.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Well-Being Outcome 1 incorporates four indicators. One pertains to the child welfare agency's efforts to ensure that the service needs of children, parents, and foster parents are assessed and that the necessary services are provided to meet identified needs (item 17). A second indicator examines the child welfare agency's effectiveness with regard to actively involving parents and children (when appropriate) in the case planning process (item 18). The two remaining indicators examine the frequency and quality of caseworker's contacts with the children in their caseloads (item 19) and with the children's parents (item 20).

New Jersey did not achieve substantial conformity with Well-Being Outcome 1. This determination was based on the finding that the outcome was rated as substantially achieved in 18.0 percent of the cases reviewed, which is less than the 90 percent required for substantial conformity. Performance on this outcome differed considerably as a function of type of case. The outcome was determined to be substantially achieved in 36 percent of foster care cases compared to 0 in-home services cases. Ratings for all of the indicators for this outcome exhibited this difference.

Case reviews resulted in the finding that all indicators for Well-Being Outcome 1 were rated as an Area Needing Improvement. DYFS was found to be inconsistent in its efforts to (1) assess children, parents, and foster parents for services and provide necessary services, (2) involve parents and children in the case planning process, or (3) establish sufficient face-to-face contact between agency case workers and the children and parents in their caseloads. The low level of performance on these indicators was attributed primarily to the large caseloads carried by DYFS caseworkers. Stakeholders expressed the opinion that the size of the caseloads hinders the ability of workers to conduct comprehensive needs assessments and establish frequent contacts with the children and parents in their caseloads.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

There is only one indicator for Well-Being Outcome 2. It pertains to the child welfare agency's effectiveness in addressing and meeting the educational needs of children in both foster care and in-home services cases (item 21).

New Jersey did not achieve substantial conformity with Well-Being Outcome 2. This determination is based on the finding that the outcome was achieved in 64.7 percent of the cases reviewed, which does not meet the 90 percent required for substantial conformity. Performance on this outcome differed considerably as a function of type of case. The outcome was determined to be substantially achieved in 90 percent of foster care cases compared to 36 percent of in-home services cases.

The primary case review finding was that DYFS was not consistent in its efforts to address education-related needs of children in the in-home services cases, even when an education-related intervention was warranted. For the foster care cases, reviewers determined that DYFS made concerted efforts to meet children's education-related needs in most, but not all, cases.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

This outcome incorporates two indicators that assess the child welfare agency's efforts to meet children's physical health (item 22) and mental health (item 23) needs.

New Jersey did not achieve substantial conformity with Well-Being Outcome 3. This determination was based on the finding that the outcome was rated as substantially achieved in 53.2 percent of the applicable cases, which is less than the 90 percent required for substantial conformity. Performance on this outcome differed considerably as a function of type of case. The outcome was determined to be substantially achieved in 76 percent of foster care cases compared to 24 percent of in-home services cases.

The CFSR case reviews found that the child welfare agency was not consistently effective in meeting children's physical and mental health needs. The primary concerns identified pertained to lack of effort to address these needs of children in most of the in-home cases reviewed.

II. KEY FINDINGS RELATED TO SYSTEMIC FACTORS

Statewide Information System

Substantial conformity with the systemic factor of Statewide Information System is determined by whether the State is operating a Statewide information system that can identify the status, demographic characteristics, location, and goals for children in foster care (item 24).

New Jersey is in substantial conformity with the systemic factor of Statewide Information System. The existing Statewide mainframe system (SIS), although not always easy to navigate or immediate in response, is able to identify the status, demographics, location, and case goals for children currently in foster care. While New Jersey's information system can produce the data required, it is not an automated case management system with tools to assist workers and supervisors with decision-making and daily case management. The development of a Statewide Automated Child Welfare Information System (SACWIS) is underway.

Case Review System

Five indicators are used to assess the State's performance with regard to the systemic factor of Case Review System. The indicators examine the development of case plans and parent involvement in that process (item 25), the consistency of 6-month case reviews (item 26) and 12-month permanency hearings (item 27), the implementation of procedures to seek termination of parental rights (TPR) in accordance with the timeframes established in the Adoption and Safe Families Act (ASFA) (item 28), and the notification and inclusion of foster and pre-adoptive parents and relative caregivers in case reviews and hearings (item 29).

The State of New Jersey is not in substantial conformity with the systemic factor of Case Review System. The CFSR determined that:

- Case plans are not developed jointly with the child's parent on a consistent basis.
- DYFS is not consistent with regard to conducting a case review for all children in foster care at least once every 6 months.
- Permanency hearings are not consistently conducted every 12 months for children in foster care.
- Although the State has established a process for TPR in accordance with the provisions of the ASFA, there are delays in filing for, and achieving, TPR.

- DYFS and the courts are not consistent with regard to ensuring that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have an opportunity to be heard, in all case reviews or hearings held with respect to the child.

Quality Assurance System

Performance with regard to the systemic factor of Quality Assurance System is based on whether the State has developed standards to ensure the safety and health of children in foster care (item 30), and whether the State is operating a statewide quality assurance system that evaluates the quality and effectiveness of services and measures program strengths and areas needing improvement (item 31).

New Jersey is not in substantial conformity with the systemic factor of Quality Assurance System. The CFSR determined that (1) the State has not implemented procedures to ensure that children in foster care are provided quality services that protect the safety and health of the children, and (2) the State does not have a comprehensive Quality Assurance System that measures program strengths and areas needing improvement on a Statewide basis.

Training

The systemic factor of Training incorporates an assessment of the State's new caseworker training program (item 32), ongoing training for child welfare agency staff (item 33), and training for foster and adoptive parents (item 34).

New Jersey did not achieve substantial conformity with the systemic factor of Training. The CFSR determined that the initial training for DYFS staff is insufficient to address the goals and objectives contained in the Child and Family Services Plan (CFSP) and the services provided under titles IV-B and IV-E. In addition, the CSFR found that training was not sufficient to link caseworker skills and competencies to key outcome measures; DYFS does not require ongoing training for staff to ensure continuous staff development; and DYFS does not provide staff with sufficient opportunities to access ongoing training.

Despite these concerns, the CFSR found that the State's training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities adequately addresses the skills and knowledge necessary for providers to carry out their responsibilities with regard to foster and adoptive children.

Service Array

The assessment of the systemic factor of Service Array addresses three questions: (1) Does the State have in place an array of services to meet the needs of children and families served by the child welfare agency (item 35)?, (2) Are these services accessible to families and children throughout the State (item 36)?, (3) Can services be individualized to meet the unique needs of the children and families served by the child welfare agency (item 37)?

New Jersey did not achieve substantial conformity with the systemic factor of Service Array. The CFSR determined that the State does not have in place a sufficient array of services that would enable children to remain safely with their parents when appropriate or would help children in foster and adoptive placements achieve permanency. Critical gaps in the service array are bilingual services, therapeutic foster care services, insufficient family preservation services, substance abuse treatment services (particularly for women with children), and mental health services for children and parents. In addition, services are not available to families and children in all political jurisdictions covered in the State's CFSP, and where services are available, long waiting lists often impede accessibility of those services. Finally, the CFSR found that DYFS does not provide staff with the tools to permit them to individualize services for all children and families served by the agency. Stakeholders reported that inadequate and/or infrequent communication between DYFS and contracted service providers is an additional impediment to ensuring that services are tailored to meet the unique needs of children and families.

Agency Responsiveness to the Community

Performance with regard to the systemic factor of Agency Responsiveness to the Community incorporates an assessment of the State's consultation with external stakeholders in developing the CFSP (items 38 and 39), and the extent to which the State coordinates child welfare services with services or benefits of other Federal or federally-assisted programs serving the same population (item 40).

New Jersey is not in substantial conformity with the systemic factor of Agency Responsiveness to the Community. The CFSR determined that although DYFS makes concerted efforts to coordinate services with other Federal or Federally funded programs, the agency does not make sufficient efforts to engage external and internal stakeholders in developing the CFSP or in preparing the annual progress reports with regard to the Plan.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

The assessment of this systemic factor focuses on the State's standards for foster homes and child care institutions (items 41 and 42), the State's compliance with Federal requirements for criminal background checks for foster and adoptive parents (item 43), the State's efforts to recruit foster and adoptive parents that reflect the ethnic and racial diversity of foster children (item 44), and the State's activities with regard to using cross-jurisdictional resources to facilitate permanent placements for waiting children.

New Jersey is not in substantial conformity with the systemic factor pertaining to Foster and Adoptive Parent Licensing, Recruitment, and Retention. The CFSR determined that although New Jersey has implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards, the standards are not equally applied to relative caregiver homes. In addition, there is no comprehensive process to ensure the adequate recruitment of potential foster and adoptive homes that reflect the ethnic and racial diversity of children in the State for whom homes are needed.

The CFSR found that the State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements. In addition, the State has a process to use cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

NJ Child Welfare Plan

It was reported during the onsite CFSR that the Department of Human Services and the New Jersey Child Welfare Panel had reached agreement in principle on a draft child welfare plan, entitled "A New Beginning: The Future of Child Welfare in New Jersey" (The Child Welfare Plan). The Child Welfare Panel is a court-appointed expert panel overseeing the child welfare reform effort in New Jersey as part of a settlement of a class action suit filed on behalf of foster children by Children's Rights, Inc. in 1999. It is expected that the final plan can be approved and forwarded to the Federal District Court by June 2004. The plan outlines major changes in the areas of recruiting, retaining and supporting resource families; programs for adolescents; use of institutional programs; case practice; expanding core services; community partnerships; the workforce, accountability and quality assurance.

Table 1: New Jersey CFSR Ratings for Safety and Permanency Outcomes and Items

Outcomes and Indicators	Outcome Ratings			Item Ratings		
	<i>In Substantial Conformity?</i>	<i>Percent Substantially Achieved*</i>	<i>Met National Standards?</i>	<i>Rating**</i>	<i>Percent Strength</i>	<i>Met National Standards</i>
Safety Outcome 1-Children are first and foremost, protected from abuse and neglect	No	81.6	No			
Item 1: Timeliness of investigations				ANI	74	
Item 2: Repeat maltreatment				ANI	96	No
Safety Outcome 2 - Children are safely maintained in their homes when possible and appropriate	No	48.0				
Item 3: Services to prevent removal				ANI	44	
Item 4: Risk of harm				ANI	50	
Permanency Outcome 1- Children have permanency and stability in their living situations	No	28.0	Met 1, did not meet 3			
Item 5: Foster care re-entry				Strength	100	Yes
Item 6: Stability of foster care placements				ANI	76	No
Item 7: Permanency goal for child				ANI	60	
Item 8: Reunification, guardianship and placement with relatives				ANI	29	No
Item 9: Adoption				ANI	29	No
Item 10: Other planned living arrangement				ANI	75	
Permanency Outcome 2 - The continuity of family relationships and connections is preserved	No	70.8				
Item 11: Proximity of placement				Strength	94	
Item 12: Placement with siblings				ANI	79	
Item 13: Visiting with parents and siblings in foster care				ANI	67	
Item 14: Preserving connections				ANI	79	
Item 15: Relative placement				ANI	65	
Item 16: Relationship of child in care with parents				ANI	61	

*90 percent of the applicable cases reviewed must be rated as having substantially achieved the outcome for the State to be in substantial conformity with the outcome.

**Items may be rated as a Strength or an Area Needing Improvement (ANI).

Table 2: New Jersey CFSR Ratings for Child and Family Well Being Outcomes and Items

Outcomes and Indicators	Outcome Ratings		Item Ratings			
	<i>In Substantial Conformity?</i>	<i>Percent Substantially Achieved*</i>	<i>Met National Standards</i>	<i>Rating**</i>	<i>Percent Strength</i>	<i>Met National Standards</i>
Well Being Outcome 1 - Families have enhanced capacity to provide for children's needs	No	18.0				
Item 17: Needs/services of child, parents, and foster parents				ANI	32	
Item 18: Child/family involvement in case planning				ANI	20	
Item 19: Worker visits with child				ANI	34	
Item 20: Worker visits with parents				ANI	23	
Well Being Outcome 2 - Children receive services to meet their educational needs	No	64.7				
Item 21: Educational needs of child				ANI	68	
Well Being Outcome 3 - Children receive services to meet their physical and mental health needs	No	53.2				
Item 22: Physical health of child				ANI	76	
Item 23: Mental health of child				ANI	50	

*90 percent of the applicable cases reviewed must be rated as having substantially achieved the outcome for the State to be in substantial conformity with the outcome.

**Items may be rated as a Strength or an Area Needing Improvement (ANI).

Table 3: New Jersey Performance on the Six Outcome Measures for which National Standards have been established

Outcome Measure	National Standard	New Jersey Data FY 2002
Of all children who were victims of a substantiated or indicated maltreatment report in the first 6 months of CY 2001, what percent were victims of another substantiated or indicated report within a 6-month period?	6.1% or less	6.9%
Of all children who were in foster care in the first 9 months of CY 2001, what percent experienced maltreatment from foster parents or facility staff members?	0.57% or less	0.69%
Of all children who entered foster care in FY 2001, what percent were re-entering care within 12 months of a prior foster care episode?	8.6% or less	8.2%
Of all children reunified from foster care in FY 2001, what percent were reunified within 12 months of entry into foster care?	76.2% or more	63.5%
Of all children who were adopted from foster care in FY 2001, what percent were adopted within 24 months of their entry into foster care?	32.0% or more	17.0%
Of all children in foster care during FY 2001 for less than 12 months, what percent experienced no more than 2 placement settings?	86.7% or more	85.1%

Table 4: New Jersey CFSR Ratings for the Seven Systemic Factors

Systemic Factors	In Substantial Conformity?*	Rating**
IV. Statewide Information System	Yes (3)	
Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care		Strength
V. Case Review System	No (1)	
Item 25: Process for developing a case plan and for joint case planning with parents		ANI
Item 26: Process for 6-month case reviews		ANI
Item 27: Process for 12-month permanency hearings		ANI
Item 28: Process for seeking TPR in accordance with ASFA		ANI
Item 29: Process for notifying caregivers of reviews and hearings and for opportunity for them to be heard		ANI
VI. Quality Assurance System	No (1)	
Item 30: Standards to ensure quality services and ensure children's safety and health		ANI
Item 31: Identifiable QA system that evaluates the quality of services and improvements		ANI
VII. Training	No (2)	
Item 32: Provision of initial staff training		ANI
Item 33: Provision of ongoing staff training that addresses the necessary skills and knowledge.		ANI
Item 34: Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge		Strength
VIII. Service Array	No (1)	
Item 35: Availability of array of critical services		ANI
Item 36: Accessibility of services across all jurisdictions		ANI
Item 37: Ability to individualize services to meet unique needs		ANI
IX. Agency Responsiveness to the Community	No (2)	
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP		ANI
Item 39: Develops annual progress reports in consultation with stakeholders		ANI
Item 40: Coordinates services with other Federal programs		Strength
X. Foster and Adoptive Parent Licensing, Recruitment and Retention	No (2)	
Item 41: Standards for foster family and child care institutions		Strength
Item 42: Standards are applied equally to all foster family and child care institutions		ANI
Item 43: Conducts necessary criminal background checks		Strength
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity		ANI
Item 45: Uses cross-jurisdictional resources to find placements		Strength

*Systemic factors are rated on a scale from 1 to 4. A rating of 1 or 2 indicates "Not in Substantial Conformity." A rating of 3 or 4 indicates Substantial Conformity

**Items may be rated as a Strength or an Area Needing Improvement (ANI).

FINAL REPORT NEW JERSEY CHILD AND FAMILY SERVICES REVIEW

Introduction

This document presents the findings of the Child and Family Services Review (CFSR) for the State of New Jersey. The CFSR assesses State performance on seven child welfare outcomes pertaining to children's safety, permanency, and well being and on seven systemic factors related to the State's capacity to achieve positive outcomes for children and families. The New Jersey CFSR was conducted the week of March 22, 2004. The New Jersey CFSR findings were derived from the following documents and data collection procedures:

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- The State Data Profile, prepared by the Children's Bureau of the U.S. Department of Health and Human Services, which provides State child welfare data for the years 2000 through 2002;
- Reviews of 50 cases at three sites in the State (Atlantic County [Atlantic City], Essex County [Newark], and Ocean County [Toms River]) and interviews or focus groups (conducted at all three sites and at the State level) with stakeholders including, but not limited to children, parents, foster parents, adoptive parents, all levels of child welfare agency personnel, collaborating agency personnel, service providers, court personnel, and attorneys.

The key characteristics of the 50 cases reviewed are the following:

- Twenty-four cases were reviewed in Essex County, 12 cases in Atlantic County, and 14 cases in Ocean County.
- All 50 cases had been open cases at some time during the period under review, which was from October 1, 2002 to March 22, 2004.
- 25 cases were "foster care cases" (cases in which the State child welfare agency had care and placement responsibility and the child was in an out-of-home placement at some time during the period under review), and 25 were "in-home services cases" (cases in which families received services from the child welfare agency while children remained with their families and no child in the family was in out-of-home care during the period under review).

- Of the 25 foster care cases, 16 children (64 %) were younger than age 10 at the start of the period under review; 3 children (12%) were at least 10 years old, but not yet 13 years old; and 6 children (24%) were 13 years of age or older at the start of the period under review.
- Of the 25 foster care cases, 16 children were male (64%) and 9 were female (36%).
- Of the 50 cases reviewed, there were 27 cases (54%) in which all children in the family were African American (non-Hispanic); 13 cases (26%) in which all children in the family were White (non-Hispanic); 7 cases (14%) in which all children in the family were Hispanic; 2 cases (4%) in which children in the family were of 2 or more races/ethnicity; and 1 case (2%) in which all children in the family were Asian American.
- In reviewing the 50 cases, reviewers identified the following as the primary reason for the opening of a child welfare agency case:
 - Neglect (not including medical neglect) – 20 cases (40%)
 - Substance abuse by parents – 12 cases (24%)
 - Physical abuse – 9 cases (18%)
 - Sexual abuse – 4 cases (8%)
 - Medical Neglect – 2 cases (4%)
 - Mental/physical health of child – 2 cases (4%)
 - Abandonment – 1 case (2%)
- Of the 50 cases reviewed, the most frequently cited of all reasons for children coming to the attention of the child welfare agency were the following:
 - Neglect (not including medical neglect) – 37 cases (74% of cases)
 - Substance abuse by parents – 27 cases (54% of cases)
 - Physical abuse – 12 cases (24% of cases)
- In 18 (72%) of the 25 foster care cases, the child entered foster care prior to the period under review and remained in care during the entire period under review.

It was reported during the onsite CFSR, that the Department of Human Services and the New Jersey Child Welfare Panel had reached an agreement in principle on a draft child welfare plan, entitled “A New Beginning: The Future of Child Welfare in New Jersey” (The Child Welfare Plan). The Child Welfare Panel is a court-appointed expert panel overseeing the child welfare reform effort in New Jersey, as part of a settlement of a class action suit filed on behalf of foster children by Children’s Rights, Inc. in 1999. It is expected that the final plan can be approved and forwarded to the Federal District Court by June 2004. The plan outlines major changes in the

areas of recruiting, retaining and supporting resource families; programs for adolescents; use of institutional programs; case practice; expanding core services; community partnerships; the workforce, accountability and quality assurance.

The first section of this report presents CFSR findings relevant to the State's performance in achieving specific outcomes for children in the areas of safety, permanency, and well-being. For each outcome, there is a table presenting key findings, a discussion of the State's status with regard to the outcome, and a presentation and discussion of each item (indicator) assessed. The second section of the report provides an assessment and discussion of the seven systemic factors relevant to the child welfare agency's ability to achieve positive outcomes for children.

SECTION 1: OUTCOMES

I. SAFETY

Safety Outcome 1

Outcome S1: Children are, first and foremost, protected from abuse and neglect.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Atlantic County	Essex County	Ocean County	Total	Total Percentage
Substantially Achieved:	11	19	10	40	81.6
Partially Achieved:	1	4	3	8	16.4
Not Achieved or Addressed:	0	1	0	1	2.0
Not Applicable:	0	0	1		
Conformity of Statewide data indicators with national standards:					
	National Standard (Percentage)	State's Percentage	Meets Standard	Does Not Meet Standard	
Repeat maltreatment	6.1 or less	6.9		X	
Maltreatment of children in foster care	0.57 or less	0.69		X	

STATUS OF SAFETY OUTCOME 1

New Jersey did not achieve substantial conformity with Safety Outcome 1. This determination was based on the following findings:

- The outcome was substantially achieved in 81.6 percent of the cases reviewed, which is less than the 90 percent required for a rating of substantial conformity.
- The State did not meet the national standards for (1) the percentage of children experiencing more than one substantiated or indicated child maltreatment report within a 6-month period, or (2) the percentage of children maltreated by a foster parent or facility staff person.

Performance on this outcome did not vary substantively (i.e., by more than 20%) across CFSR sites. The outcome was determined to be substantially achieved in 92 percent of Atlantic County cases, 79 percent of Essex County cases, and 77 percent of Ocean County cases.

A key CFSR finding is that DYFS is not consistent with regard to initiating investigations of child maltreatment reports or establishing face-to-face contact with the subject child of the report in accordance with State-established timeframes. Of the 12 maltreatment reports that were not responded to within State timeframes (some cases had multiple reports during the period under review), 9 were classified as requiring an immediate response (within 24 hours). Delays in responding to these reports ranged from 2 days to 2 months.

Although the State Data Profile indicates that DYFS does not meet the national standard for maltreatment recurrence within a 6-month period, the case reviews found repeat maltreatment within 6 months in only 2 cases. However, there were 5 cases in which a substantiated maltreatment occurred more than 6 months from a prior substantiated maltreatment, and 1 case in which substantiated maltreatment occurred within 6 months of a prior maltreatment but did not involve the same perpetrator. There also was one case in which a second report occurred within 6 months of a prior substantiated report, but the disposition had not yet been determined. In an additional five cases, reviewers noted that a maltreatment allegation had been received on an open case and no action had been taken to make a formal report and investigate it. According to information in the Statewide Assessment, this practice is contrary to DYFS policy.

The findings pertaining to the specific items assessed under Safety Outcome 1 are presented below.

Item 1. Timeliness of initiating investigations of reports of child maltreatment

☐ Strength ☒ Area Needing Improvement

Review Findings: The assessment of item 1 was applicable for 31 of the 50 cases. Nineteen cases were not applicable because they did not have reports of child maltreatment during the period under review. In assessing item 1, reviewers were to determine whether the response to a maltreatment report occurring during the period under review had been initiated in accordance with the State child welfare agency requirements. The following are New Jersey's response requirements:

- Immediate response – i.e., less than 24 hours from receipt of report. (Examples of the reports that require immediate response are reports of child death due to abuse/neglect with other children in the home, reports that may involve physical harm or sexual trauma, child may need immediate medical treatment, child is without adult supervision, child is in the hospital in protective custody, child or family is in severe crisis and is calling for help, the severity of the report is in doubt, or reports of an infant being abandoned under the State’s Safe Haven Infant Protection Act.)
- 24-72 hours from receipt of report. (Examples of reports that require a 24-to 72-hour response are those in which the child had been physically abused in the past but the perpetrator has no access to the victim, a foundling is already receiving necessary medical care and police have been involved, the report indicates present or past physical neglect that does not represent a substantial risk of harm to the child, the report indicates emotional abuse or neglect that does not require immediate response, the report is for domestic violence that is not threatening the immediate safety of the child, or the report is a request for treatment services.
- 72 hours to 10 days from receipt of report. (This response is used when a credible source indicates that the child is not at risk and when extending the time frame for response allows the DYFS representative to plan a response without compromising the child or the investigation. This determination requires manager approval.)
- DYFS policy mandates face-to-face contact with the alleged child-victim and with all other children residing in the home as part of the investigation. No time frames are established for this face-to-face contact other than it is expected to occur prior to the completion of the investigation.

The results of the assessment of item 1 were the following:

- Item 1 was rated as a Strength in 23 (74%) of the 31 applicable cases (12 of the 23 cases were foster care cases).
- Item 1 was rated as an Area Needing Improvement in 8 (26%) of the 31 applicable cases (3 of the 8 cases were foster care cases).

Ratings for item 1 differed somewhat across CFSR sites. The item was rated as a Strength in 86 percent of Atlantic County cases, 72 percent of Essex County cases, and 67 percent of Ocean County cases.

Item 1 was rated as a Strength when the response to a maltreatment report was initiated within the required timeframe for the report’s classification. The item was rated as an Area Needing Improvement when the response was not initiated within the required timeframe. There were 12 maltreatment reports in the 8 cases that were not responded to within State timeframes (some cases had multiple reports during the period under review). Of these 12 reports, 9 were classified as requiring an immediate response (within 24 hours). Delays in responding to these reports ranged from 2 days to 2 months.

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that DYFS responds to maltreatment reports in a timely manner. Stakeholders also indicated that investigations are completed in a timely manner, although several stakeholders questioned the thoroughness of the investigation.

Determination and Discussion: Item 1 was assigned an overall rating of Area Needing Improvement based on the finding that in 26 percent of the applicable cases, DYFS had not initiated an investigation of a maltreatment report within established timeframes.

According to the Statewide Assessment, DYFS caseworkers and supervisors classify reports during intake as either “child abuse or neglect” or “family problem” reports. The former merit investigation while the latter result in an assessment of services needs. As indicated in the Statewide Assessment, family problem reports comprise one half of all reports.

The Statewide Assessment also notes that DYFS uses a three-tiered “finding” system for abuse or neglect reports: substantiated, unsubstantiated, and unfounded. “Family problem” reports, which can include domestic violence, are assessed to determine the actual need for intervention or services.

Item 2. Repeat maltreatment

☐ Strength ☒ Area Needing Improvement

Review Findings: The assessment of item 2 was applicable for 48 of the 50 cases. Two cases were not applicable because there was never a substantiated or indicated child maltreatment report on any of the children in the family. In assessing this item, reviewers were to determine whether there had ever been a substantiated report on the family. Reviewers also were to determine if there was at least one substantiated maltreatment report during the period under review, and if so, if another substantiated or indicated report occurred within 6 months of that report. The results of the assessment were the following:

- Item 2 was rated as a Strength in 46 (96%) of the 48 applicable cases (24 of the 46 cases were foster care cases).
- Item 2 was rated as an Area Needing Improvement in 2 (4%) of the 48 applicable cases (neither of the 2 cases were foster care cases).

Ratings for item 2 did not vary across CFSR sites.

Item 2 was rated as a Strength under the following circumstances:

- There was a substantiated or indicated maltreatment report involving the family prior to the period under review, but no substantiated or indicated report during the period under review (25 cases).
- There was a substantiated or indicated maltreatment report involving the family during the period under review, but there was no substantiated or indicated report within 6 months of that report (15 cases, although in one case the disposition of a second report occurring within 6 months of the prior report was still pending).
- There were two substantiated reports during the period under review, but they were more than 6 months apart (5 cases).
- There were two substantiated reports within 6 months but they did not involve the same perpetrator (1 case).

The item was rated as an Area Needing Improvement when a substantiated maltreatment report occurring during the period under review was within 6-months of another substantiated maltreatment report and involved the same perpetrator and similar circumstances.

Another finding of this assessment was that in 25 cases there was a substantiated or indicated maltreatment report prior to the period under review, but there was no report during the period under review. In 23 cases, there was at least one substantiated report during the period under review. In 3 of these 23 cases, the children were in foster care; in 20 cases, the child was in the home.

Maltreatment recurrence (that involved the same perpetrator) within 6-months occurred in 2 (10%) of the 20 cases in which the child was at home and there was at least one substantiated maltreatment report during the period under review. Also, there were 5 cases in which maltreatment recurred between 6 to 12 months apart. In an additional five cases, reviewers noted that a maltreatment allegation had been received on an open case but no action had been taken to make a formal report and investigate it.

Additional findings with respect to the frequency of maltreatment reports (whether substantiated, unsubstantiated, or unfounded) on the family prior to and during the period under review for all 50 cases were the following:

- In 2 cases, there were no maltreatment reports over the life of the case.
- In 8 cases, there was 1 maltreatment report.
- In 20 cases, there were between 2 and 5 maltreatment reports
- In 14 cases, there were between 6 and 10 maltreatment reports.
- In 6 cases, there were more than 10 maltreatment reports (a range of 11 to 34 reports).

In 20 (40%) of the 50 cases reviewed there were 6 or more maltreatment reports on the family during the life of the case. However, it is not known how many of these reports were unfounded because this information was not captured.

Most stakeholders commenting on this item expressed the opinion that maltreatment recurrence is due to ineffective interventions with families. They noted that the scarcity of prevention services is a key barrier to the agency's ability to deliver services to families in a timely manner.

Determination and Discussion: Item 2 was assigned an overall rating of Area Needing Improvement. Although in 96 percent of the applicable cases, reviewers did not find maltreatment recurrence within a 6-month period, the State's rate of maltreatment recurrence for 2002 (6.9%), as reported in the State Data Profile, does not meet the national standard of 6.1 percent or less. The standards and criteria for both measures must be met for the item to be rated as a Strength.

According to the Statewide Assessment, the rate of maltreatment recurrence within a 6-month period has risen. During 2000, the rate of maltreatment recurrence within a 6-month period was 5.8 percent; in 2001, the rate was 6.3 percent; and in 2002, the rate was 6.9 percent, which is above the national standard of 6.1 percent. This represents a 19 percent change in performance on this measure from 2001 to 2002, and a 12 percent change in the number of children re-victimized. The Statewide Assessment also notes that most maltreatment recurrence involves children younger than 5 years old, African American children, and children who were victims of neglect at the initial substantiation. The Statewide Assessment indicates that the services for these families and children are insufficient, particularly services that address issues related to family poverty. In addition, the Statewide Assessment notes that caseworker caseloads, which are approximately 35-40 cases per caseworker, may contribute to maltreatment recurrence because caseloads of this size do not allow caseworkers to provide sufficient attention to families and children.

Information in the Statewide Assessment indicates that each allegation reported on a child with an open case is recorded as a new allegation and must be investigated and result in a finding. However, in five of the cases reviewed during the onsite CFSR, case reviewers noted that allegations on open cases were not formally investigated.

Safety Outcome 2

Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Atlantic County	Essex County	Ocean County	Total	Total Percentage
Substantially Achieved:	4	13	7	24	48.0
Partially Achieved:	1	3	2	6	12.0
Not Achieved or Addressed:	7	8	5	20	40.0
Not Applicable:	0	0	0		

STATUS OF SAFETY OUTCOME 2

New Jersey did not achieve substantial conformity with Safety Outcome 2. This determination was based on the finding that the outcome was substantially achieved in 48.0 percent of the applicable cases reviewed, which does not meet the 90 percent required for a rating of substantial conformity.

Although performance on this outcome was low in all CFSR sites, there was cross-site variation. The outcome was determined to be substantially achieved in 54 percent of Essex County cases and 50 percent of Ocean County cases, compared to 33 percent of Atlantic County cases. Performance on this outcome also varied as a function of case type. The outcome was determined to be substantially achieved in 68 percent of foster care cases compared to 28 percent of in-home services cases.

A key concern identified during the CFSR was that DYFS was not consistent with regard to providing services to ensure children's safety while remaining in the home. In the majority (60%) of the in-home services cases, reviewers noted that the children were in unsafe situations in their homes and DYFS either was not aware of the situation or was aware of the situation, but had not taken sufficient action to address the safety issues. In these cases, reviewers suggested that the children were in unsafe situations because the caseworker did not have adequate knowledge about the family's circumstances due to infrequent contacts with the children and parents and to a failure to conduct safety assessments on an ongoing basis.

Findings pertaining to the specific items assessed under Safety Outcome 2 are presented and discussed below.

Item 3. Services to family to protect child(ren) in home and prevent removal

_____ Strength X Area Needing Improvement

Review Findings: There were 34 cases for which an assessment of item 3 was applicable. Sixteen cases were not applicable because the children entered foster care prior to the period under review, remained in foster care during the entire period under review, and/or there were no substantiated or indicated maltreatment reports or identified risks of harm to any children in the home during the period under review. For this item, reviewers assessed whether, in responding to a substantiated maltreatment report or risk of harm, the agency made diligent efforts to provide services to families to prevent removal of children from their homes while at the same time ensuring their safety. The results of this assessment were the following:

- Item 3 was rated as a Strength in 15 (44%) of the 34 applicable cases (5 of the 15 cases were foster care cases).
- Item 3 was rated as an Area Needing Improvement in 19 (56%) of the 34 applicable cases (4 of the 19 cases were foster care cases).

Ratings for this item differed substantively across CFSR sites. The item was rated as a Strength in 59 percent of Essex County cases, compared to 40 percent of Ocean County cases and 14 percent of Atlantic County cases. In Atlantic County, only one of the seven applicable cases was rated as a Strength. Ratings for this item also varied as a function of type of case. The item was rated as a Strength in 56 percent of the 9 applicable foster care cases compared to 40 percent of the 25 applicable in-home services cases. Consequently, in 60 percent of in-home services cases, reviewers determined that DYFS was not adequately addressing children's safety.

Item 3 was rated as a Strength when reviewers determined the following:

- Appropriate services were provided to parents and children to prevent removal (12 cases).
- The children were appropriately removed from the home to ensure their safety (3 cases).

Services provided to the families included, but were not limited to, the following: in-home services to address hygiene, in-home counseling, housing services, medical services, case management services, parenting aid services, substance abuse evaluation, substance abuse treatment (inpatient and outpatient), day care, prenatal care, family and individual counseling, sexual abuse assessment, independent living services, psychiatric assessment, and domestic violence counseling.

The item was rated as an Area Needing Improvement when reviewers determined the following:

- The agency did not provide any services to ensure the child's safety while in the home (9 cases).
- The agency provided services, but they were insufficient to maintain the child or children safely in the home and the child was not removed (7 cases).
- The agency returned the child home without conducting a safety assessment and providing services (2 cases).
- The agency removed the child from the home without conducting a safety assessment and providing preventive services (1 case).

Most stakeholders commenting on this item expressed the opinion that there is a lack of services available to address child abuse and/or neglect-related issues while children remain in their homes. A particular problem identified by stakeholders pertained to a lack of services available in the languages of many of the families (e.g., Spanish, Vietnamese, and Portuguese). Stakeholders noted that the family preservation services that are available are effective but there are long waiting lists for these services. Stakeholders voiced concern that because of the lack of services, the courts generally agree with agency decisions to remove children from their homes.

Stakeholders also expressed the opinion that there is infrequent contact between DYFS caseworkers and families, which they attributed to the large caseloads. In addition, many stakeholders noted that communication between the DYFS caseworkers and contracted or referred service providers tends to be very limited, so that caseworkers often do not know the family's situation.

Determination and Discussion: Item 3 was assigned an overall rating of Area Needing Improvement because in 56 percent of the cases, reviewers determined that the agency had not made diligent efforts to provide the services necessary to maintain children safely in their own homes. Key concerns were (1) the absence of service provision, even after an assessment had been conducted, and (2) a lack of safety assessments.

According to the Statewide Assessment, DYFS provides secondary and tertiary preventive services for families who have been subject to a child protective investigation. These services are provided to address risk and safety issues that must be resolved in order for children to remain in their homes. The Statewide Assessment also notes that intensive in-home services are provided to families to prevent out-of-home placement and to assist with the reunification of children with their families. These services are provided through contracts with various private or community-based agencies. The services include family preservation, parent aide support services, counseling, parenting skill enhancement, and other referrals. However, information in the Statewide Assessment indicates that an insufficient level of services results in long waiting lists that impede the agency's ability to support a greater number of children and families in need of pre-placement prevention services.

Item 4. Risk of harm to child

____ Strength __X__ Area Needing Improvement

Review Findings: An assessment of item 4 was applicable for all 50 cases. In assessing item 4, reviewers were to determine whether the agency had made, or was making, diligent efforts to reduce the risk of harm to the children involved in each case. This assessment resulted in the following findings:

- Item 4 was rated as a Strength in 25 (50%) of the 50 cases (18 of the 25 cases were foster care cases).
- Item 4 was rated as an Area Needing Improvement in 25 (50%) of the 50 cases (7 of the 25 cases were foster care cases).

Ratings for this item differed substantively across CFSR sites. The item was rated as a Strength in 59 percent of Essex County cases and 57 percent of Ocean County cases, compared to 33 percent of Atlantic County cases. In addition, the item was rated as a Strength in 72 percent of the foster care cases, compared to 28 percent of the in-home services cases.

Item 4 was rated as a Strength when reviewers determined the following:

- The risk of harm to children was appropriately managed by removing the children from the home either prior to or during the period under review and providing services to the parents (8 cases).
- The risk of harm to children was appropriately managed by removing the children from the home either prior to or during the period under review and seeking termination of parental rights (TPR) (7 cases).
- The risk of harm to children was appropriately managed by providing services to families to address risk concerns while the children remained in the home (3 cases).
- The risk of harm to children was appropriately managed by placing them voluntarily with relatives (1 case).
- The risk of harm to children was appropriately managed by removing the perpetrator from the home (3 cases).
- The risk of harm to children in foster care was appropriately managed by providing services to the foster parents to address maltreatment allegations or by removing the child from the placement (3 cases).

The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- There was a lack of adequate risk assessment and/or service provision to address risk of harm (12 cases – in one case risk of harm in a foster family was not addressed).

- There was insufficient assessment of risk of harm to a child when the case was closed or the child was reunified, and there was evidence that risk issues were not resolved (6 cases).
- There was a lack of knowledge about the family situation due to limited contact between DYFS and the family and a lack of ongoing safety assessment (13 cases).

In six of the cases rated as an Area Needing Improvement for this item, the child was in a foster care placement or was in a voluntary placement with a relative. Reviewers determined that the child was at risk of harm because the agency had not conducted a sufficient assessment of the relative prior to placing the child in the relative's home.

In summary, many of the cases rated as an Area Needing Improvement exhibited evidence of a lack of appropriate follow-up either in terms of the need for ongoing assessment of risk of harm or to assure the delivery of needed services to address identified risks.

Stakeholders commenting on this item during the onsite CFSR voiced concern that many services are child-focused rather than family-focused, and that comprehensive assessments of family service needs are not being conducted in a consistent manner to ensure that risk of harm is being adequately addressed. Stakeholders also voiced concern about the capacity of DYFS to provide supervision of children while they remain in their own homes. They suggested that in many in-home services cases (also called intact family cases), the family does not receive services or, when they do receive services, there often is no ongoing evaluation of service effectiveness or of change in the family.

Stakeholders commenting on this item also addressed the issue of risk of harm in foster care. State-level stakeholders noted that as part of a settlement agreement under a class-action lawsuit, risk and safety assessments of foster homes are occurring routinely at least every 6 months. State-level stakeholders reported that the use of a Structured Decision-Making Model has enhanced the safety and risk assessment process and that DYFS, working with the National Resource Center on Child Maltreatment, has developed a placement assessment tool that staff can use on an ongoing basis with foster homes.

Despite this practice, many stakeholders expressed concern about the quality of foster homes and the incidence of abuse or neglect in those homes. A few stakeholders reported that a recent Quality Assurance review of cases in foster care found 80 homes with safety issues resulting in the removal of approximately 33 children. They noted, however, that most of the safety problems pertained to physical issues with the home. Some stakeholders suggested that caseworkers are not always clear about what they need to look for when assessing the safety of children in out-of-home care. They noted, for example, that often there are additional people living in the foster home and no background checks have been conducted on these individuals.

Stakeholders indicated that if there is a report of child maltreatment in a foster home, it is investigated by the Institutional Abuse Investigation (IAI) Unit. They said that although there has been an increase in reports to IAI of about 12 percent from 2002 to 2003, there has been no increase in staff. According to several stakeholders, this has resulted in a lack of follow up on foster homes that have multiple unsubstantiated reports. In addition, stakeholders suggested that the information about what IAI is learning is not transmitted to the district office level or to the trainers. They noted that IAI is in the process of developing a “red alert” list for homes with repeat unsubstantiated reports. Stakeholders indicated that most reports of maltreatment in foster care are for physical abuse (primarily use of corporal punishment), followed by neglect.

Stakeholders also expressed concern about the need for waivers to continue to permit children to reside in some relative placements. They noted that often children are placed with relatives prior to any safety check and then, after a full safety check is conducted (with fingerprinting), it is discovered that the relative has a child abuse or neglect history or a criminal record and a waiver is needed to permit the child to continue to be in the home. Some stakeholders suggested that comprehensive safety assessments on relatives need to be conducted in a timelier manner to address potential risk issues.

Determination and Discussion: Item 4 was assigned an overall rating of Area Needing Improvement because in 50 percent of the cases, reviewers determined that DYFS had not made diligent efforts to address the risk of harm to the children. Key concerns were that (1) the family’s needs were not being assessed and, (2) in many cases, there was no ongoing monitoring of the family by the DYFS caseworker.

According to the Statewide Assessment, DYFS requires completion of a safety assessment as a standard practice. This requires an in-person contact with the child (or children) who was the subject of the alleged maltreatment as part of the investigation. The Statewide Assessment also notes that DYFS has implemented a Structured Decision-Making (SDM) process for assessing the safety of children in foster care. The safety assessment, which is the first part of the SDM, was used to evaluate out-of-home placements for approximately 14,000 DYFS children between June 1, 2003 and October 23, 2003.

As reported in the Statewide Assessment, although the State does not meet the national standard of 0.57 percent or less for the incidence of child abuse and neglect in foster care, the percentage of abuse and neglect in foster care has dropped from 2000 to 2002. In 2000, the percentage of incidence of child abuse and neglect while in foster care was 1.3 percent, which is two and a half times the national standard. The Statewide Assessment notes that the incidence of child abuse and neglect in foster care decreased at the same time the number of kinship placements increased. The State believes that the increase in the use of relative homes may have been

instrumental in reducing child abuse and neglect in foster care. They also cite another contributing factor to be the change in the licensing procedures from the approval/certification of homes to full licensure. As a result of the change from certification to licensing, several hundred homes were closed and this may have reduced the pool of marginal or unacceptable homes in which incidents might occur.

II. PERMANENCY

Permanency Outcome 1

Outcome P1: Children have permanency and stability in their living situations.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Atlantic County	Essex County	Ocean County	Total	Total Percentage
Substantially Achieved:	1	5	1	7	28.0
Partially Achieved:	4	6	5	15	60.0
Not Achieved or Addressed:	1	1	1	3	12.0
Not Applicable:	0	0	0		
Conformity of Statewide data indicators with national standards:					
	National Standard (percentage)	State's Percentage	Meets Standard	Does Not Meet Standard	
Foster care re-entries	8.6 or less	8.2	X		
Length of time to achieve reunification	76.2 or more	63.5		X	
Length of time to achieve adoption	32.0 or more	17.0		X	
Stability of foster care placements	86.7 or more	85.1		X	

STATUS OF PERMANENCY OUTCOME 1

New Jersey did not achieve substantial conformity with Permanency Outcome 1. This determination was based on the following findings:

- The outcome was substantially achieved in 28.0 percent of the foster care cases reviewed, which is less than the 90 percent required for substantial conformity.
- The State Data Profile indicates that for fiscal year (FY) 2002, the State did not meet the national standards for (1) the percentage of children adopted who achieved a finalized adoption within 24 months of entry into foster care, (2) the percentage of children in foster care for less than 12 months who experienced no more than 2 placements, and (3) the percentage of children reunified who were reunified within 12 months of entry into foster care.

The State met the national standard of 8.6 percent or less for the percent of children entering foster care who were entering within 12 months of a prior foster care episode.

Although performance on this outcome was low in all CFSR sites, there was substantial cross-site variation. The outcome was determined to be substantially achieved in 42 percent of Essex County cases, compared to 17 percent of Atlantic County cases and 14 percent of Ocean County cases.

A key finding of the CFSR case review was that DYFS is effective in preventing re-entry into foster care (item 5). However, all other indicators for this outcome were rated as an Area Needing Improvement. Case reviewers determined that the child welfare agency was not consistent in its efforts to (1) ensure children's placement stability while in foster care (item 6), (2) establish appropriate permanency goals in a timely manner (item 7), and (3) achieve children's permanency goals in a timely manner (items 8, 9, and 10).

Information from the case reviews and stakeholder interviews suggests that key barriers to attaining permanency in a timely manner are (1) a lack of concurrent planning (and a misunderstanding of concurrent planning), (2) a practice of maintaining a goal of reunification for long periods of time, even when the prognosis for reunification is low, (3) a lack of adequate services for families, including visitation services for children and parents to support reunification, (4) the length of the TPR process, particularly the appeals process, and (5) caseworker caseloads that are too large to permit sufficient attention to permanency.

Findings pertaining to the specific items assessed under Permanency Outcome 1 are presented below.

Item 5. Foster care re-entries

 X Strength Area Needing Improvement

Review Findings: Six of the 25 foster care cases were applicable for an assessment of foster care re-entries because they involved children who entered foster care during the period under review. In assessing this item, reviewers determined whether the entry into foster care during the period under review occurred within 12 months of discharge from a prior foster care episode. The results of this assessment were that all six cases (100%) were rated as a Strength.

Item 5 was rated as a Strength when a child's entry into foster care during the period under review did not take place within 12 months of discharge from a prior episode. The applicable cases for this item were in Essex and Ocean Counties. There were no applicable cases in Atlantic County.

Stakeholders commenting on this item during the onsite CFSR noted that the State's incidence of re-entry into foster care is not high. They noted that when children re-enter foster care it usually is due to substance abuse relapse by parents. Stakeholders also suggested that sometimes re-entry occurs because parents are not fully prepared for reunification. They noted that there is insufficient visitation between children and parents and lack of post-reunification supports when children are returned home.

Determination and Discussion: Item 5 was assigned an overall rating of Strength based on the following:

- In 100 percent of the applicable cases, children entering foster care during the period under review were not entering within 12 months of a prior foster care episode.
- The data from the State Data Profile indicate that New Jersey's re-entry rate (the percentage of children entering care who were entering within 12 months of discharge from a prior foster care episode for FY 2002) of 8.2 percent meets the national standard of 8.6 percent or less.

According to the Statewide Assessment, although New Jersey's rate of re-entry into foster care within 12 months of discharge meets the national standard for that measure, the State believes that there is a need for more intensive in-home post-reunification services for families to prevent re-entry. The Statewide Assessment also notes, however, that there has been a decrease from 2000 to 2002 in the number of children who have had more than one removal episode. In 2000, of all children who were in foster care on the last day of the fiscal year, 22.4 percent experienced more than one removal; in 2001, 21.8 percent experienced more than one removal, and in 2002, 21.0 percent of the children experienced more than one removal.

Item 6. Stability of foster care placement

☐ Strength ☒ Area Needing Improvement

Review Findings: All 25 foster care cases were applicable for an assessment of item 6. In assessing this item, reviewers were to determine whether the child experienced multiple placement settings during the period under review and, if so, whether the changes in placement settings were necessary to achieve the child's permanency goal or meet the child's service needs. This assessment resulted in the following findings:

- Item 6 was rated as a Strength in 19 (76%) of the 25 cases.
- Item 6 was rated as an Area Needing Improvement in 6 (24%) of the 25 cases.

Ratings for this item varied considerably across CFSR sites. The item was rated as a Strength in 92 percent of Essex County cases, compared to 71 percent of Ocean County cases and 50 percent of Atlantic County cases.

Additional findings of the case review were the following:

- Children in 14 cases experienced only 1 placement during the period under review (no placement changes).
- Children in 6 cases experienced 2 placements during the period under review.
- Children in 3 cases experienced 3 placements during the period under review.
- Children in 2 cases experienced 4 or more placements during the period under review.

Item 6 was rated as a Strength when reviewers determined that the child did not experience a placement change during the period under review (14 cases), or that the placement changes experienced were in the child's best interest (5 cases), such as moving a child from a treatment center to a foster family placement with siblings.

The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- The child experienced multiple placement changes because DYFS did not make diligent efforts to find an appropriate permanent or long-term placement when the child entered foster care (4 cases).
- The child's current placement is not stable (4 cases).

In two cases, reviewers determined that DYFS had not made an appropriate placement when the child entered foster care and the child's current placement was unstable. In addition, three of the six children in the cases rated as an Area Needing Improvement for this item were adolescents at the time of the onsite CFSR review. One child was younger than 3 years old.

Stakeholders commenting on this item were in general agreement that many children in foster care do not experience placement stability. They attributed this to a lack of matching of children with placement options due to the scarcity of placement resources, particularly foster homes for medically fragile infants and for children ages 8 to 15. Stakeholders also noted that Regionalized Placement has contributed to the disruption of placements. Since the establishment of Regionalized Placement, pre-placement interviews are no longer conducted with the foster parents and the child to prepare them for the placement. Some stakeholders

suggested that disruptions occur when a full safety check reveals that relatives with whom the child has been placed have a criminal background or a child abuse/neglect history and the agency cannot get a waiver approved for the child to remain in the home.

Essex County stakeholders expressed concern about the night-to-night placements that many children in that county endure because of a lack of placement resources. They noted that a child may be placed in one facility at 11 p.m. and then have to be moved at 7:00 a.m., and that this may occur 4 or 5 times before a placement is found. Stakeholders also noted that because of a new ruling that children are not permitted to remain in the DYFS office overnight, caseworkers sometimes have to drive around all night or wait for a foster placement while sitting in a McDonald's until late at night. Stakeholders attributed this problem to (1) the fact that many foster parents will not take some of the children who need homes, and (2) the lack of group home placements available for adolescents. Stakeholders reported that placing a child in an appropriate group home or residential treatment center can take 2 to 3 months.

Despite these problems, several stakeholders reported that caseworkers and services are available to support foster care placements, particularly when there is a threat of disruption. However, they noted that foster parents often do not have sufficient contact with their caseworkers to communicate concerns before the situation becomes critical. Many stakeholders voiced concern that services are not available for relative caregivers, even when the children are in State custody.

Determination and Discussion: Item 6 was assigned an overall rating of Area Needing Improvement based on the following:

- In 24.0 percent of the cases, reviewers determined that the agency had not made concerted efforts to ensure placement stability for the children in foster care.
- The State's percentage for FY 2002 of children experiencing no more than 2 placements in their first 12 months in foster care (85.1%) does not meet the national standard of 86.7 percent or more.

According to the Statewide Assessment, in 2002, 40 percent of the children in foster care had one placement setting in the current episode; 22.4 percent of the children had 2 placement settings; and 12.3 percent of the children had 3 placement setting during one foster care episode. The Statewide Assessment notes that the State's inability to achieve stability in foster care for many children may be due to more youth entering foster care because of behavioral issues. The Statewide Assessment indicates that behavioral problems tend to result in greater placement instability. It was reported in the Statewide Assessment that the most frequent placement moves occur for children between the ages of 6 and 15.

As indicated in the Statewide Assessment, DYFS believes that efforts to implement the following practices will result in greater placement stability for children in foster care: (1) special attention to finding appropriate placements for children ages 6 to 15 at entry

into foster care, (2) better matching in general between children and placements, and (3) better quality interventions and greater resources to support placement stability.

Item 7. Permanency goal for child

____ Strength __X__ Area Needing Improvement

Review Findings: All 25 foster care cases were applicable for an assessment of item 7. In assessing this item, reviewers were to determine whether the agency had established an appropriate permanency goal for the child in a timely manner. The results of this assessment were the following:

- Item 7 was rated Strength in 15 (60%) of the 25 applicable cases.
- Item 7 was rated as an Area Needing Improvement in 10 (40%) of the 25 applicable cases.

Ratings for this item did not vary substantially (i.e., by more than 20%) across CFSR sites. The item was rated as a Strength in 67 percent of Atlantic County cases, 58 percent of Essex County cases, and 57 percent of Ocean County cases.

Case reviews found that the children in the 25 foster care cases had the following permanency goals:

- 14 children had a goal of adoption.
- 4 children had a goal of reunification.
- 4 children had a goal of long-term foster care/emancipation.
- 2 children had a goal of guardianship.
- 1 child had a goal of permanent placement with relative.

At the time of the onsite review, 22 of the 25 children had been in foster care for 15 of the most recent 22 months. The agency had filed for termination of parental rights (TPR) in 15 of these cases. In three of the remaining seven cases, no reason was provided in the case file for not seeking TPR.

Item 7 was rated as a Strength when reviewers determined that the child's permanency goal was appropriate and had been established in a timely manner. The item was rated as an Area Needing Improvement when reviewers determined the following:

- The goal is appropriate but was not established in a timely manner (5 cases).
- The goal is not appropriate given the needs of the child and the circumstances of the case (2 cases).
- The goal (long term foster care/emancipation) is now appropriate, but other permanency goals such as adoption or guardianship were not considered prior to establishing this goal (3 cases).

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that permanency goals other than reunification are not being established in a timely manner. They attributed this to the general confusion about concurrent planning at both the agency and court levels. Ocean County stakeholders noted that the court in that county believes that a child can have only one permanency goal at a time and that a concurrent plan should not begin until the goal of reunification is ruled out. Similarly, Essex County stakeholders reported that concurrent planning does not start at the beginning of a case, but only when the court determines that the goal of reunification is no longer appropriate. Finally, Atlantic County stakeholders said that concurrent planning is routine in that district, although they noted that it usually does not begin until reunification is no longer considered an option. The general view of many stakeholders was that the goal of reunification is maintained for too long a period of time before reconsideration.

Stakeholders also noted that efforts to establish appropriate permanency goals in a timely manner are impeded by large caseloads that leave staff overwhelmed and unable to ensure that reasonable efforts are made in all cases to achieve the child's permanency goal. In addition, stakeholders reported that large caseloads often mean that caseworkers are not able to monitor the progress of parents and/or children, which results in courts not having sufficient information to make appropriate permanency decisions.

Determination and Discussion: Item 7 was assigned an overall rating of Area Needing Improvement based on the finding that in 40 percent of the applicable cases, reviewers determined that the child welfare agency had not established an appropriate goal for the child in a timely manner.

According to the Statewide Assessment, New Jersey recently has experienced a 17 percent increase in the number of children entering foster care. The Statewide Assessment notes that this increase may be due in large part to a policy change that involved DYFS assuming custody for children who are in relative placements rather than placing children with relatives on an informal basis. This policy permits the State to provide supports to the relative placements for 15 months. After 15 months, the relatives are expected "to effect a permanent placement for the child, generally through reunification or adoption."

The Statewide Assessment also notes that 31 percent of the children in foster care have a permanency goal of reunification and 39.7 percent of the children in foster care have a permanency goal of adoption.

Item 8. Reunification, Guardianship, or Permanent Placement With Relatives

____ Strength __X__ Area Needing Improvement

Review Findings: Item 8 was applicable for 7 of the 25 foster care cases. In assessing these cases, reviewers were to determine whether the agency had achieved the goals of reunification, guardianship, or permanent placement with relatives for children in a timely manner or, if the goals had not been achieved, whether the agency had made, or was in the process of making, diligent efforts to achieve the goals. The results of this assessment were the following:

- Item 8 was rated as a Strength in 2 (29%) of the 7 applicable cases.
- Item 8 was rated as an Area Needing Improvement in 5 (71%) of the 7 applicable cases.

The two cases rated as a Strength for this item were in Essex County. There was only one applicable case in Atlantic County and two in Ocean County; all three cases were rated as an Area Needing Improvement.

Four children had a goal of reunification, two had a goal of guardianship, and one had a goal of permanent placement with relatives. At the time of the onsite CFSR, the goal had been achieved in two of the seven applicable cases (one reunification and one permanent placement with relatives). In 1 of those cases, the goal of reunification had been achieved within 12 months of the child's entry into foster care.

Item 8 was rated as a Strength when reviewers determined that DYFS had made concerted efforts to achieve the child's goal in a timely manner. The item was rated as an Area Needing Improvement when reviewers determined that (1) there were unnecessary delays in providing services to achieve reunification (2 cases), (2) there were delays in seeking a waiver for a relative guardianship (2 cases). In these latter two cases, a waiver was needed to approve the guardianship with a relative because the identified relative had a history of an unsubstantiated child abuse and neglect report), or (3) DYFS had not made sufficient efforts early on in the case to promote reunification for the child, who eventually ran away from a drug treatment facility and is now in a correctional facility (1 case).

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that there are multiple barriers to achieving reunification in a timely manner. The key barriers identified included a freeze on Section 8 housing (and withdrawal of Federal funds for that program); a lack of sufficient services for parents, particularly substance abuse services; a lack of adequate visitation between parents and children in foster care; and a lack of recognition by parents of the problem that brought about the child's removal. Stakeholders also said that parents often are not given adequate assistance in obtaining services. As one stakeholder noted, many parents with substance abuse problems are given a bus pass and a list of providers and are expected to manage their own treatment.

The Robin's Nest Program was identified by Atlantic County stakeholders as one effort to provide supervised visitation and specialized services to enhance reunification. Another State effort identified by stakeholders to enhance permanency is the Kinship Legal Guardianship program. This program is supported by funds from the Temporary Assistance to Needy Families (TANF) program and provides a payment of \$250 per month (usually until the child becomes age 18, although it may be extended until the child completes a secondary education program) for children permanently placed by DYFS with relatives or family friends who obtain legal guardianship. Eligibility requirements are that the child must have lived in the home of the chosen legal guardian for at least 12 consecutive months before legal guardianship was obtained and must be income eligible. Stakeholders also noted that New Jersey has implemented a Relative Care Permanency Support Program (RSP), which provides an initial one-time clothing allowance and a payment of \$250 per month for up to 15 months (with a possible extension if deemed necessary to implement a permanency plan) for income eligible children temporarily placed by DYFS with relatives or family friends.

Determination and Discussion: Item 8 was assigned an overall rating of Area Needing Improvement based on the following findings:

- Data from the State Data Profile indicate that for FY 2002, the State's percentage of reunifications occurring within 12 months of entry into foster care (63.5%) did not meet the national standard of 76.2 percent or more, and
- In 71 percent of the applicable cases, reviewers determined that the child welfare agency had not made concerted efforts to attain the goal of guardianship or reunification in a timely manner.

According to the Statewide Assessment, in FY 2002, 31 percent of the children in care had a permanency goal of reunification and 10 percent had a permanency goal of living with other relatives. The median length of time to achieve the permanency goal of reunification in FY 2002 was 7.9 months. Information in the Statewide Assessment indicates the following:

- Children under the age of 1 year are less likely than older children to be reunited with family within 12 months.
- Although race and ethnicity play a "weak role" in determining which children return home in a timely manner, 44 percent of Hispanic children were reunified with their family within 12 months compared to 33 percent of African American children.

- Children entering care due to juvenile justice issues (including delinquency) and/or family crises are more likely to return home within one year (50%), than are children removed from home due to either parent or child substance abuse (34% return home within one year).

Item 9. Adoption

____ Strength __X__ Area Needing Improvement

Review Findings: Fourteen of the 25 foster care cases were applicable for an assessment of item 9. In assessing this item, reviewers were to determine whether diligent efforts had been or were being made to achieve a finalized adoption in a timely manner. The results were the following:

- Item 9 was rated as a Strength in 4 (29%) of the 14 applicable cases.
- Item 9 was rated as an Area Needing Improvement in 10 (71%) of the 14 applicable cases.

Three of the four cases rated as a Strength for this item were in Essex County. Performance on this item was low in all counties.

At the time of the onsite CFSR, the goal of adoption had been finalized in 4 of the 14 applicable cases. TPR had been filed in 7 of the remaining 10 cases. However, in three of these cases, the child was not in an adoptive placement.

Item 9 was rated as a Strength when reviewers determined that DYFS was making concerted efforts to achieve the goal of adoption within 24 months of the child's entry into foster care. The item was rated as an Area Needing Improvement when reviewers determined that the child has been in foster care for too long and the goal of adoption still is not achieved (8 cases), or the child was in foster care for too long before the goal was achieved (2 cases). At the time of the onsite CFSR, the child had been in foster care for 7 to 8 years in 4 cases and the child had been in foster care for 3 to 6 years in 4 other cases.

Reviewers identified the following as causing delays in achieving a finalized adoption: (1) a lack of DYFS supports for relatives who want to adopt, (2) court delays in scheduling TPRs, (3) parents' appeals of a TPR decision, (4) language barriers between DYFS and Spanish-speaking adoptive parents, (5) the child's behavioral problems, (6) child maltreatment issues in potential adoptive homes, and (7) maintaining a goal of reunification for too long a period of time, even when the prognosis for reunification was low.

Stakeholders commenting on this item during the onsite CFSR were in agreement that adoptions are not being finalized in a timely manner. The barriers to achieving adoption in a timely manner identified by stakeholders were the following:

- Caseworker turnover creates time lags because new caseworkers want the opportunity to work toward reunification before changing the goal to adoption.
- There is a time lag that occurs when the permanency goal is changed to adoption because the case must be transferred from a DYFS office to an Adoption Resource Center (ARC). (New Jersey's 21 counties are divided among four regional offices that provide administrative support and oversight for DYFS operations. A fifth administrative unit oversees adoption operations statewide, specifically the operations of six ARCs. Two of the six ARCs focus primarily on processing the adoptions of children who will be adopted by their foster parents. One ARC handles primarily "select home" adoptions, while the remaining three ARCs handle a combination of foster home and select home adoptions. "Select home" adoption means the child's foster parents will not be adopting the child. Instead, an adoptive family will be selected by DYFS from those families applying specifically to be adoptive parents who were not previously foster parents).
- Efforts to locate absent fathers and engage them in services are not being done early enough in cases.
- Once TPR is filed, it takes about 1 year for TPR to be granted because of crowded court dockets, and an insufficient number of attorneys to represent the parents or the agency.
- If a parent's attorney requests an updated psychological evaluation before a TPR decision is made, the court believes that it would be a violation of due process to deny this request. However, this results in considerable delays because parents do not always keep their appointments for the evaluations and there is a long waiting list for evaluations due to an insufficient number of professionals to conduct evaluations.
- There is no formal concurrent planning and most of the work to prepare the children and family is done by the ARC caseworker after the case is transferred to the ARC.
- No open adoptions are permitted by State law.

In addition to these concerns, stakeholders reported that the large number of TPR appeals results in significant delays in the adoption process. Stakeholders noted that after the initial TPR decision, parents have 45 days to file an appeal. However, some courts will permit parents additional time if they believe that they have not received sufficient notice of their right to appeal. Stakeholders indicated that although the Appeals Court tries to schedule the appeal 30 to 60 days after the request is filed, it can take a long time for the court to hear the case and make a decision and there are no deadlines for appellate courts to render decisions regarding TPR. They reported that the appeals process may take 6 to 12 months to resolve.

While some stakeholders expressed the opinion that the ARC is effective in expediting adoptions of children by their foster parents, other stakeholders reported that even these adoptions get “bogged down” in the TPR and appeals process. Essex County stakeholders, however, reported that the Model Court in that county is effective in using mediation to resolve pending TPR cases by encouraging voluntary surrenders.

Also, stakeholders said that although the State’s Foster Parent/Adoption program has approved a number of foster families as adoptive families, many of these families are not interested in adopting the children who are in DYFS custody. The exceptions to this are the Safe Haven babies. These are infants who are abandoned by parents at hospitals or other designated “safe” locations. Stakeholders reported that these children go directly to the ARCs and noted that the ARCs are effective in finalizing adoptions for these children in a timely manner.

State-level stakeholders noted that the ARCs will be dismantled as part of the agency restructuring. The current plan is to achieve a one caseworker/one family casework model so that all work will be done at the district office level, although there will be at least one adoption specialist in each office.

Determination and Discussion: Item 9 was assigned an overall rating of Area Needing Improvement based on the following:

- Data from the State Data Profile indicate that the State's percentage of finalized adoptions in FY 2002 occurring within 24 months of entry into foster care (17.1%) does not meet the national standard of 32.0 percent or more.
- In 71 percent of the applicable cases, reviewers determined that the State had not made concerted efforts to achieve an adoption in a timely manner.

According to the Statewide Assessment, New Jersey has had an increase in the number of adoptions each year since 1997. Data in the State Data Profile indicate that the number of children discharged to adoption increased from 659 in FY 2000; to 892 in FY 2001; and to 1344 in FY 2002. In 2002, approximately 40 percent of the children in foster care had a goal of adoption and adoption goals are being established within one year for children who enter foster care for the first time. It was noted in the Statewide Assessment that approximately 80 percent of New Jersey’s adopted children are adopted by their foster parents. The Statewide Assessment also notes that in 2002, DYFS discharged 185 children to adoption within 24 months of the removal; 135 of these children were removed from their home before their second birthday.

Information in the Statewide Assessment suggests that the finding that the State does not meet the national standard for the percentage of adoptions finalized within 24 months of the child's entry into foster care, may be due to the fact that DYFS has recently made concerted efforts to find permanent adoptive homes for children who have been in foster care for long periods of time. The Statewide Assessment also notes that the timeframes for achieving TPR are extensive and contribute to the delays in finalizing adoptions in a timely manner, although cases can be identified for adoption prior to the 12 month timeframe (e.g., when birthparents sign a voluntary surrender, or circumstances indicates that TPR should occur prior to the ASFA timeframes).

The Statewide Assessment indicates that DYFS has implemented the following initiatives to achieve the goal of adoption:

- There are four regional permanency units that provide technical assistance to field offices to expedite permanency outcomes.
- A foster parent adoption policy was established to provide foster care parents first consideration to adopt children in their care.
- "Fost-Adopt," which is a Statewide program implemented in January 2000, is designed to identify children who will not be reunited with their families.

Item 10. Permanency goal of other planned permanent living arrangement

____ Strength __X__ Area Needing Improvement

Review Findings: Four of the foster care cases were applicable for an assessment of item 10. In assessing these cases, reviewers were to determine if the agency had made, or was making, diligent efforts to assist children in attaining their goals related to other planned permanent living arrangements. The results were the following:

- Item 10 was rated as a Strength in 3 (75%) of the 4 applicable cases.
- Item 10 was rated as an Area Needing Improvement in 1 (25%) of the 4 applicable cases.

Item 10 was rated as a Strength when reviewers determined that the child was in a planned permanent living arrangement that met his or her needs (2 cases) or that the child was nearing emancipation and was receiving appropriate services (1 case). The item was rated as an Area Needing Improvement in one case in which the child was nearing emancipation, but the agency had not provided services to prepare the child for independent living until just prior to his 17th birthday.

Many stakeholders commenting on this item during the onsite CFSR expressed concern about the availability and accessibility of services to assist youth in transitioning from foster care to independent living. For example, stakeholders reported that there are only

four Independent Living Program (ILP) providers in Essex County and that there are waiting lists for youth to obtain life skills training. According to most stakeholders, because of the lack of available ILP providers, many youth in foster care do not receive life skills training or transition-related services until just before they are about to be emancipated.

State-level stakeholders commenting on this item expressed different opinions regarding the use of long-term foster care (LTFC) as a permanency goal. Although some stakeholder reported that children with a goal of LTFC are children who are older, who do not want to be adopted, and who do not want to be moved from their current placement, other stakeholders reported that LTFC frequently is used with children with specialized medical needs. (In one of the cases in the sample, a child with specialized medical needs was assigned a goal of LTFC at the age of 6.) Most stakeholders expressed the opinion that a goal of LTFC was appropriate for children age 12 and older, but not for younger children.

Determination and Discussion: Item 10 was assigned an overall rating of Area Needing Improvement because in 25 percent of the applicable cases, reviewers determined that the agency had not made concerted efforts to assist the child in making the transition from foster care to independent living.

According to the Statewide Assessment, most children with a goal of long-term foster care and emancipation are children who meet the following criteria: (1) they cannot be reunited with parents or relatives, (2) they are at least 12 years of age, and (3) efforts to achieve an adoption or legal guardianship were diligently pursued but without success. The Statewide Assessment suggests that if the number of children who meet these criteria continues to grow (as it has in the past few years) it will mean a larger population of children without prospects for permanency, longer median lengths of stay, and children growing to majority in foster care. The State recently has proposed a child welfare waiver demonstration project to work towards achieving permanency through a legal guardianship subsidy program for some of these cases. It was noted in the Statewide Assessment that the rights of the parents of many of these children have been terminated, leaving these children without legal connections to any family.

Information in the Statewide Assessment indicates that LTFC is established by court order and remains in effect until the child reaches 18 years of age. A child with a goal of Long-Term Foster Care warrants a minimum schedule of caseworker visits at least every 6 months. During those visits, the caseworker can assess if the goal remains appropriate.

The Statewide Assessment also indicates that New Jersey defines Independent Living as a permanency goal. In the Statewide Assessment this goal is defined as a permanent living arrangement for children ages 15-21 for whom adoption, legal guardianship, or long-term foster care custody are found to be inappropriate.

Permanency Outcome 2

Outcome P2: The continuity of family relationships and connections is preserved for children.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Atlantic County	Essex County	Ocean County	Total	Total Percentage
Substantially Achieved:	3	9	5	17	70.8
Partially Achieved:	2	2	2	6	25.0
Not Achieved or Addressed:	1	0	0	1	4.2
Not Applicable:	0	1	0		

STATUS OF PERMANENCY OUTCOME 2

New Jersey did not achieve substantial conformity with Permanency Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 70.8 percent of the cases, which is less than the 90 percent required for substantial conformity.

Performance on this outcome differed substantively across CFSR sites. The outcome was determined to be substantially achieved in 82 percent of Essex County cases and 71 percent of Ocean County cases, compared to 50 percent of Atlantic County cases.

CFSR case review findings indicate that DYFS makes concerted efforts to place children in close proximity to their families. However, the findings also indicate a lack of consistent effort on the part of DYFS to (1) place siblings together in foster care whenever appropriate, (2) promote frequent visitation between children and their parents and siblings in foster care, (3) seek and assess relatives as placement resources, (4) preserve children's connections to their families and heritage, and (5) support or strengthen the parent-child relationship.

Findings pertaining to the specific items assessed under Permanency Outcome 2 are presented below.

Item 11. Proximity of foster care placement

☒ Strength ☐ Area Needing Improvement

Review Findings: Of the 25 foster care cases, 17 were applicable for an assessment of item 11. Cases determined to be not applicable were those in which (1) TPR had been attained prior to the period under review, (2) contact with parents was not considered to be in the child's best interest, and/or (3) parents were deceased or whereabouts were unknown. In assessing item 11, reviewers were to determine whether the child's most recent foster care setting was in close proximity to the child's parents or close relatives. This assessment resulted in the following findings:

- Item 11 was rated as a Strength in 16 (94%) of the 17 applicable cases.
- Item 11 was rated as an Area Needing Improvement in 1 (6%) of the 17 applicable cases.

Item 11 was rated as a Strength when reviewers determined the following:

- The child was placed in the same county as the family of origin (parents or relatives) (11 cases).
- The child's out-of-county placement was necessary to meet the child's needs (5 cases).

Despite the case review findings, stakeholders commenting on this item during the onsite CFSR expressed the opinion that many children are placed far away from their parents or communities of origin, particularly medically fragile children. They noted that the Regionalized Placement approach has been an impediment to children being placed in their counties of origin and as a result, DYFS staff "do not really know their families anymore."

Determination and Discussion: Item 11 was assigned an overall rating of Strength because in 96 percent of the applicable cases, reviewers determined that the agency had made diligent efforts to ensure that children were placed in foster care placements that were in close proximity to their parents or relatives.

Item 12. Placement with siblings

____ Strength __X__ Area Needing Improvement

Review Findings: Fourteen of the 25 foster care cases involved a child with siblings who were also in foster care. In assessing item 12, reviewers were to determine whether siblings were, or had been, placed together and, if not, whether the separation was necessary to meet the needs (service or safety needs) of one or more of the children. This assessment resulted in the following findings:

- Item 12 was rated as a Strength in 11 (79%) of the 14 applicable cases.
- Item 12 was rated as an Area Needing Improvement in 3 (21%) of the 14 applicable cases.

Ratings for this item varied across CFSR sites. The item was rated as a Strength in 100 percent of Atlantic County cases and 83 percent of Essex County cases, compared to 50 percent of Ocean County cases.

In 10 of the 14 applicable cases, the child was in a placement with at least one other sibling; in 5 of those 10 cases, the child was in a placement with all siblings.

Item 12 was rated as a Strength if the child was in placement with all of his or her siblings (5 cases), or if reviewers determined that the separation of siblings was necessary to meet at least one child's safety or treatment needs (6 cases). The item was rated as an Area Needing Improvement when reviewers determined that there was no valid reason for the separation of the siblings.

Most stakeholders commenting on this item during the onsite CFSR reported that siblings' separation is a major concern for DYFS. They noted that siblings often are placed in different homes because of a lack of foster family homes that can accept sibling groups.

Determination and Discussion: Item 12 was assigned an overall rating of Area Needing Improvement based on the finding that in 21 percent of the applicable cases, reviewers determined that DYFS had not made concerted efforts to place siblings together in foster care whenever appropriate.

Item 13. Visiting with parents and siblings in foster care

☐ Strength ☒ Area Needing Improvement

Review Findings: An assessment of item 13 was applicable for 21 of the 25 foster care cases. Four cases were not applicable for assessment because TPR had been established prior to the period under review and the parents were no longer involved in the children's lives (or parental visitation was terminated by court order), and the child had no siblings in foster care (or visitation between siblings was considered to be not in the child's best interest). In assessing this item, reviewers were to determine (1) whether the agency had made, or was making, diligent efforts to facilitate visitation between children in foster care and their parents and siblings in foster care and (2) whether these visits occurred with sufficient frequency to meet the needs of children and families. The findings of this assessment were the following:

- Item 13 was rated as a Strength in 14 (67%) of the 21 applicable cases.
- Item 13 was rated as an Area Needing Improvement in 7 (33%) of the 21 applicable cases.

Ratings for this item varied across CFSR sites. The item was rated as a Strength in 80 percent of Essex County cases and 71 percent of Ocean County cases, compared to 25 percent of Atlantic County cases.

Typical visitation between children and their mothers for the 16 cases for which this assessment was applicable was the following:

- Weekly visits – 5 cases.
- Twice a month visits – 2 cases.
- Monthly visits – 1 case.
- Less than monthly visits – 6 cases.
- No visits – 2 cases.

In five of the eight cases in which visits with mother occurred less frequently than once a month, reviewers determined that the agency had made concerted efforts to promote more frequent visitation. In the other three cases, reviewers determined that this effort had not been made.

Typical visitation between children and their fathers for the 14 cases for which this assessment was applicable was the following:

- Twice a month visits – 2 cases.
- Monthly visits – 2 cases.
- Less than monthly – 4 cases.
- No visits – 6 cases.

In 5 of the 10 cases in which visits with father were less than monthly or there were no visits with the father, reviewers determined that the agency had made concerted efforts to promote more frequent visitation. In the other five cases, reviewers determined that this effort had not been made.

An assessment of visitation among siblings was applicable in 8 cases. Typical visitation between siblings was the following:

- Weekly visits – 1 case.
- Monthly visits – 3 cases.
- Less than monthly – 2 cases.
- No visits – 2 cases.

In one of the four cases in which there were no visits between siblings in foster care or visits were less than monthly, reviewers determined that the agency had made concerted efforts to promote visitation. In the other three cases, reviewers determined that this effort had not been made.

Item 13 was rated as a Strength when reviewers determined that the frequency of visitation met the needs of the children and parents, or that, when visitation was less frequent than needed, the agency had made diligent efforts to promote more frequent visitation. The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- The agency did not promote sufficient visitation between the child and his/her father (3 cases).
- The agency did not promote sufficient visitation between siblings (3 cases).
- The agency did not promote sufficient visitation between the child and either parent (2 cases).

Some stakeholders commenting on this item during the onsite CFSR suggested that the frequency of visitation between children and parents is adequate while others voiced concern that the time allotted for visitation (one hour every other week) is not sufficient for building or maintaining a bond between the children and their parents. All stakeholders expressed concern about the fact that the agency does not schedule visitation on weekends or evenings. A particular concern identified by stakeholders was that often children are taken out of school in order to visit with parents or siblings.

Stakeholder perceptions of the frequency of visits were not consistent with case review findings. Most stakeholders reported that sibling visits occur once every 2 weeks and that visits with parents are court-ordered and occur either once or twice a week. However, Essex County stakeholders noted that the agency is trying to increase visits with parents to more than twice a month. Stakeholders also expressed concern that DYFS caseworkers often fail to involve the father in making visitation arrangements.

Essex County stakeholders identified Reunity House as an effective program providing supervised visitation to promote reunification.

Determination and Discussion: Item 13 was assigned an overall rating of Area Needing Improvement based on the finding that in 33 percent of the applicable cases, reviewers determined that the agency had not made concerted efforts to ensure that visitation between parents and children and between siblings was of sufficient frequency to meet the needs of the child.

According to the Statewide Assessment, New Jersey statute entitles children in foster care to have regular visitation with their parents and with their siblings. New Jersey regulation and policy requires that a child has his or her first visit with parents within 5 working

days of the initial day of placement, and a goal of weekly visitation with parents and siblings should be established after the initial visit. However, the onsite CFSR case review findings indicate that weekly visits between children and their parents and siblings are quite rare.

Item 14. Preserving connections

_____ Strength __X__ Area Needing Improvement

Review Findings: An assessment of item 14 was applicable for 24 of the 25 foster care cases. One case was not applicable because the child entered foster care through the Safe Haven Program and there was no information on the family. In assessing item 14, reviewers were to determine whether the agency had made, or was making, diligent efforts to preserve the child's connections to neighborhood, community, heritage, family, faith, and friends while the child was in foster care. The assessment resulted in the following findings:

- Item 14 was rated as a Strength in 19 (79%) of the 24 applicable cases.
- Item 14 was rated as an Area Needing Improvement in 5 (21%) of the 24 applicable cases.

Ratings for item 14 varied substantively across CFSR sites. The item was rated as a Strength in 100 percent of Essex County cases, compared to 71 percent of Ocean County cases and 50 percent of Atlantic County cases.

In 19 of the 24 cases, case reviewers determined that children's primary connections had been “significantly” preserved while they were in foster care; in 4 of the 24 cases, reviewers determined that children’s primary connections had been “partially” preserved; and in 1 case, reviewers determined that primary connections were “not at all” preserved.

Item 14 was rated as a Strength when reviewers determined that the agency had made diligent efforts to achieve one or more of the following:

- Preservation of child’s connections with extended family members (15 cases).
- Preservation of child’s connections with school, community, and friends (4 cases).
- Preservation of child’s connections with religion and ethnic/racial heritage (9 cases).

The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- DYFS had not made efforts to preserve the child's connections to extended family (4 cases).
- DYFS had not made efforts to preserve the child's connections to friends, school, and community (3 cases).

Most stakeholders commenting on this item expressed the opinion that kinship care placements have been helpful in maintaining children's connections to extended family, religion, and ethnic/racial heritage. Some stakeholders noted that although maintaining connections is not part of the foster parent training curriculum, trainers discuss this issue with foster parents during the training.

Determination and Discussion: Item 14 was assigned an overall rating of Area Needing Improvement because in 21 percent of the cases, reviewers determined that the agency had not made diligent efforts to preserve children's connections.

Item 15. Relative placement

_____ Strength X Area Needing Improvement

Review Findings: An assessment of item 15 was applicable for 23 of the 25 foster care cases. Two cases were not applicable because the child entered foster care to receive specified services and a relative placement was not appropriate. In assessing this item, reviewers were to determine whether the agency had made diligent efforts to locate and assess relatives (both maternal and paternal relatives) as potential placement resources for children in foster care. The results of this assessment were the following:

- Item 15 was rated as a Strength in 15 (65%) of the 23 applicable cases.
- Item 15 was rated as an Area Needing Improvement in 8 (35%) of the 23 applicable cases.

Ratings for this item varied across CFSR sites. The item was rated as a Strength in 73 percent of Essex County cases and 67 percent of Ocean County cases, compared to 50 percent of Atlantic County cases.

Item 15 was rated as a Strength when reviewers determined that children were placed with relatives (6 cases) or that the agency had made diligent efforts to search for both maternal and paternal relatives, when relevant (9 cases). The item was rated as an Area Needing Improvement when reviewers determined that the child was not placed with a relative and that DYFS had: (1) not searched for either maternal or paternal relatives (4 cases), (2) searched for maternal but not paternal relatives (2 cases), or (3) searched for paternal but not maternal relatives (2 cases).

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that relatives are routinely sought as potential placement options. Essex County stakeholders reported that the court always asks if both maternal and paternal relatives have been sought and there is a form that DYFS uses to ensure that relatives have been sought and assessed early on in the case. However, State-level stakeholders voiced some concern that paternal relatives are not being routinely identified.

Stakeholders had differing perceptions regarding the practice of placing children with relatives. Some stakeholders suggested that DYFS “pushes” placement with relatives without considering the best interest of the child. They noted that the placement often occurs quickly and without careful consideration of the relative’s relationship with the perpetrator or the relative’s child abuse and neglect or criminal background. Other stakeholders, however, expressed the opinion that relative placements work better than foster homes because there is already a bond between the caretakers and the child.

Stakeholders identified the new Relative Permanency Support Program as a particularly positive approach to relative placements. Under this program, relatives can receive services and supports, including financial supports, for up to 15 months while working with the agency to establish a permanent home for the child through reunification, adoption, or guardianship.

Several stakeholders expressed concern that caseworkers are placing children with relatives only after a cursory background check was conducted prior to the placement. These stakeholders suggested that many caseworkers believe that if the background check identifies issues of concern, a waiver can be obtained to maintain the child in the placement. However, as several stakeholders noted, a waiver may not always be appropriate and therefore will not always be granted, resulting in placement disruptions for children.

Determination and Discussion: Item 15 was assigned an overall rating of Area Needing Improvement because in 35 percent of the cases, reviewers determined that the agency had not made diligent efforts to locate and assess relatives.

According to the Statewide Assessment, when a child requires out-of-home placement, New Jersey regulations and DYFS policy require DYFS to first consider relatives and close family friends who may be willing and able to provide substitute care. DYFS is required to search for relatives within 30 days of placement. DYFS has authority for placement with relatives, either through a court order or voluntary placement agreement.

The Statewide Assessment also notes that New Jersey has a Relative Permanency Support Program. This is a time-limited program that assists children placed by DYFS with relatives or a family friend, by providing case management, financial assistance of \$250 per

month per child, medical coverage, and a one-time clothing allowance. The program is limited to 15 months at which time the expectation is that the permanency goal will be achieved. However, in exceptional circumstances—e.g., a Kinship Legal Guardianship is in process, or TPR has been filed—the financial assistance through this program may continue until the permanency goal is achieved. Relatives have the option of becoming licensed foster parents. As of August 2003, the program was serving 2,090 children in 1,453 relative caregiver homes. (New Jersey’s monthly statistic reports show that the caseload was 2,584 children in September, 2003 and 3,465 children in March, 2004).

New Jersey also has a program for relatives who wish to provide permanent care for a child. The Kinship Legal Guardianship program applies to relatives or family friends with whom the child has been living for at least one year. Under the program, the court grants legal guardianship of the child to the relative or family friend and the State provides ongoing financial assistance of \$250 per month per child and medical coverage.

Item 16. Relationship of child in care with parents

_____ Strength X Area Needing Improvement

Review Findings: An assessment of item 16 was applicable for 18 of the 25 foster care cases. A case was considered not applicable if parental rights had been terminated prior to the period under review and parents were no longer involved with the child, or if a relationship with the parents was considered to be not in the child’s best interests. In assessing this item, reviewers were to determine whether the agency had made diligent efforts to support or maintain the bond between children in foster care and their mothers and/or fathers. This assessment resulted in the following findings:

- Item 16 was rated as a Strength in 11 (61%) of the 18 applicable cases.
- Item 16 was rated as an Area Needing Improvement in 7 (39%) of the 18 applicable cases.

Ratings for item 16 did not vary substantively (i.e., by more than 20%) across CFSR sites. The item was rated as a Strength in 67 percent of Essex County cases, 57 percent of Ocean County cases and 50 percent of Atlantic County cases.

Item 16 was rated as a Strength when reviewers determined that DYFS had made concerted efforts to promote the parent-child bond of children in foster care. These efforts included promoting visitation between the parent and child. In two cases, reviewers noted that the agency arranged for a bonding study for the mother and child. A bonding study is part of a psychological evaluation that assesses relationships between biological parents and children, relatives and children, or preadoptive parents and children.

The item was rated as an Area Needing Improvement when reviewers determined that DYFS did not make concerted efforts to enhance the relationship between the child and either of his or her parents (5 cases) or made efforts to enhance the relationship of the child and mother but not the child and father (2 cases). Concerns identified pertained to a lack of effort to promote sufficient visitation and, in one case, not involving the parent in the child's medical appointments.

Stakeholders commenting on this item expressed concern that DYFS often leaves it up to the foster parents to arrange for parent involvement with the child's school activities or medical appointments. Stakeholders also noted that supervised visitation is too restrictive to support or promote bonding.

Determination and Discussion: Item 16 was assigned an overall rating of Area Needing Improvement because in 39 percent of the applicable cases, reviewers determined that DYFS had not made diligent efforts to support the parent-child relationships of children in foster care.

III. CHILD AND FAMILY WELL-BEING

Well-Being Outcome 1

Outcome WB1: Families have enhanced capacity to provide for their children's needs.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Atlantic County	Essex County	Ocean County	Total	Total Percentage
Substantially Achieved:	3	4	2	9	18.0
Partially Achieved:	0	8	6	14	28.0
Not Achieved or Addressed:	9	12	6	27	54.0
Not Applicable:	0	0	0		

STATUS OF WELL-BEING OUTCOME 1

New Jersey did not achieve substantial conformity with Well-Being Outcome 1. This determination was based on the finding that the outcome was rated as substantially achieved in 18.0 percent of the cases reviewed, which is less than the 90 percent required for substantial conformity.

Performance on this outcome was very low in all sites, with no substantive variation in performance across sites. The outcome was determined to be substantially achieved in 25 percent of Atlantic County cases, 17 percent of Essex County cases, and 14 percent of Ocean County cases. All nine cases determined to have substantially achieved this outcome were foster care cases. The outcome was determined to be substantially achieved in 36 percent of foster care cases compared to 0 in-home services cases.

Case reviews resulted in the finding that all indicators for Well-Being Outcome 1 were rated as an Area Needing Improvement. DYFS was found to be inconsistent in its efforts to (1) assess children, parents, and foster parents' needs for services and provide necessary services; (2) involve parents and children in the case planning process; or (3) establish sufficient face-to-face contact between agency caseworkers and the children and parents in their caseloads.

Findings pertaining to the specific items assessed under Well-Being Outcome 1 are presented and discussed below.

Item 17. Needs and services of child, parents, foster parents

____ Strength __X__ Area Needing Improvement

Review Findings: An assessment of item 17 was applicable for all 50 cases. In assessing this item, reviewers were to determine whether the agency had (1) adequately assessed the needs of children, parents, and foster parents; and (2) provided the services necessary to meet those needs. The results were the following:

- Item 17 was rated as a Strength in 16 (32%) of the 50 cases (15 of the 16 cases were foster care cases).
- Item 17 was rated as an Area Needing Improvement in 34 (68%) of the 50 cases (10 of the 34 cases were foster care cases).

Ratings for item 17 differed substantively as a function of type of case (i.e., foster care or in-home services case). The item was rated as a Strength in 60 percent of foster care cases compared to 4 percent of in-home services cases. However, item ratings did not differ substantively (i.e., more than 20%) across CFSR sites. The item was rated as a Strength in 43 percent of Ocean County cases, 29 percent of Essex County cases, and 25 percent of Atlantic County cases.

Item 17 was rated as a Strength when reviewers determined that DYFS had made diligent efforts to (1) assess the needs of children, parents, and foster parents; and (2) provide appropriate services to meet identified needs. The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- Children's needs were not assessed (19 of 50 applicable cases, 1 of the 19 cases was a foster care case and 18 were in-home services cases, representing 72 percent of all in-home services cases).
- Mother's needs were not assessed (20 of 44 applicable cases, 3 of the 20 cases were foster care cases and 17 were in-home services cases, representing 68 percent of all in-home services cases).
- Father's needs were not assessed (21 of 38 applicable cases, 5 of the 21 cases were foster care cases and 16 were in-home services cases, representing 64 percent of all in-home services cases).
- Needed services were not provided to children (19 of 50 applicable cases, 2 of the 19 cases were foster care cases and 17 were in-home services cases, representing 68 percent of all in-home services cases).
- Needed services were not provided to mothers (23 of 44 applicable cases, 3 of the 23 cases were foster care cases and 20 were in-home services cases, representing 80 percent of all in-home services cases).

- Needed services were not provided to fathers (21 of 35 applicable cases, 4 of the 21 cases were foster care cases and 17 were in-home services cases, representing 68 percent of all in-home services cases).
- Needed services were not provided to foster parents (2 of 21 applicable cases).

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that DYFS is not consistent in assessing the needs of children and families and providing services to meet those needs. Stakeholders noted that (1) there is a lack of comprehensive assessment at the time of case opening, (2) service delivery is fragmented, and (3) there is little coordination or communication between DYFS caseworkers and contracted or referred service providers. With respect to this latter issue, several stakeholders voiced concern that the relationship between providers and DYFS is not collaborative and that often, once the contracted provider enters the case, the DYFS caseworker's involvement is limited.

Stakeholders were in general agreement that a major impediment to effective assessment is large caseworker caseloads. They noted that basic issues, such as substance abuse and domestic violence, are missed in the assessment process because the caseworkers do not have time to do it properly. Stakeholders also were in agreement that service delivery is hampered by a lack of available services, although some stakeholders suggested that caseworkers are not always sufficiently knowledgeable about the services that are available. Stakeholders also noted that there is a significant lack of culturally or language-appropriate services, particularly for psychological evaluations and diagnoses. In addition, most stakeholders voiced concern that relative caregivers are not receiving sufficient services to support their efforts as caregivers.

Finally, stakeholders reported that services for older children are limited. They noted that there is a life skills training program, but there are waiting lists for this program and there are not enough agencies willing to provide this service. In addition, stakeholders reported that there is a high quality Transitional Living Program but that it serves a limited number of youth and does not meet the existing need. State-level stakeholders voiced concern about this issue and noted that DYFS is making efforts to expand services to youth in foster care.

Determination and Discussion: Item 17 was assigned an overall rating of Area Needing Improvement because in 68 percent of the cases, reviewers determined that DYFS had not adequately assessed and/or addressed the service needs of children and parents. A key concern pertained to the lack of assessment and services to children and parents in the in-home services cases. The vast majority of cases in which needs were not assessed and services not provided were in-home services cases. An additional concern pertained to assessment and service provision to fathers. The father's needs were not assessed in 55 percent of the applicable cases and services were not provided to the father to address identified needs in 60 percent of applicable cases.

According to the Statewide Assessment, the key factors that affect the availability or accessibility of services for children and families include (1) the caseworkers' ability to properly assess the child and family and collaboratively identify the services needed, (2) caseworker's knowledge about what services are available, and (3) caseworker skills in linking clients to, and engaging clients with, appropriate services.

Item 18. Child and family involvement in case planning

____ Strength __X__ Area Needing Improvement

Review Findings: An assessment of item 18 was applicable for all 50 cases. In assessing this item, reviewers were to determine whether parents (including pre-adoptive parents or permanent caregivers) and children (if age-appropriate) had been involved in the case planning, and if not, whether their involvement would have been contrary to the child's best interest. A determination of involvement in case planning required that a parent or child had actively participated in identifying the services and goals included in the case plan. This assessment produced the following findings:

- Item 18 was rated as a Strength in 10 (20%) of the 50 cases (9 of the 10 cases were foster care cases).
- Item 18 was rated as an Area Needing Improvement in 40 (80%) of the 50 applicable cases (16 of the 40 cases were foster care cases).

Although performance on this item was generally low, the ratings differed considerably by type of case. The item was rated as a Strength in 36 percent of foster care cases compared to 4 percent of in-home services cases (i.e. 96 percent of in-home services cases were rated as an Area Needing Improvement). Only 1 of the 10 cases rated as a Strength for this item was an in-home services case. However, ratings did not differ across CFSR sites. The item was rated as a Strength in 21 percent of Essex County and Ocean County cases, and 17 percent of Atlantic County cases.

Item 18 was rated as a Strength when reviewers determined that all appropriate parties had actively participated in the case planning process. The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- Fathers who should have been involved in case planning were not involved (30 [81%] of 37 applicable cases, 18 of the 30 cases
- Mothers who should have been involved in case planning were not involved (33 [70%] of 47 applicable cases, 21 of the 33 cases were in-home services cases, representing 87.5 percent of all applicable in-home services cases).

- Children who were old enough to have been involved in case planning were not involved (27 [77%] of 35 applicable cases, 18 of the 27 cases were in-home services cases, representing 90 percent of all applicable in-home services cases).

Some stakeholders commenting on this item during the onsite CFSR expressed the opinion that DYFS makes efforts to involve parents in case planning and is successful in getting parents to identify strengths and needs as part of the case-planning process. They noted that parents who are not involved are those who decline to cooperate with the agency. These stakeholders suggested that many parents do not perceive DYFS as an agency that wants to work with them to help them, and consequently, they are not interested in working with the caseworker.

Several stakeholders also said that parent involvement in case planning is increasing because DYFS has begun to use Family Group Conferencing (FGC) to develop the case plan. However, stakeholders noted that FGC is not being used consistently across the State or with any great frequency within a particular area. Stakeholders also reported that the use of mediation in some of the courts has resulted in greater parent involvement in case planning.

In comparison to these stakeholders, other stakeholders voiced concern that DYFS makes little or no effort to involve either parents or youth in case planning. These stakeholders said that case plans generally are developed by caseworkers and supervisors and then presented to the family. They suggested that the large caseloads carried by most caseworkers do not leave them with sufficient time to work with parents during the case-planning process. Some stakeholders reported that some families do not even receive their case plans, and some receive them but no effort is made to explain the plan to them with regard to the expectations or the implications of the plan.

Determination and Discussion: Item 18 was assigned an overall rating of Area Needing Improvement based on the finding that in 80 percent of the cases, reviewers determined that the agency had not made diligent efforts to involve parents and/or children in case planning.

According to the Statewide Assessment, DYFS policy requires that plans be developed with the child's parent, unless they are unwilling to participate. Parents are encouraged to participate in case planning by invitations to court hearings, regional reviews, child placement reviews, and permanency hearings. The Statewide Assessment notes that parents and relatives have the opportunity to take an active part in developing case plans through Family Group Conferencing. However, it was noted that Family Group Conferencing is not conducted in all counties and on all cases. The Statewide Assessment also reports the findings of a parent survey indicating that

most parents are not included in the process of identifying the family strengths, needs, or in determining the specific services that are needed.

Item 19. Caseworker visits with child

____ Strength X Area Needing Improvement

Review Findings: All 50 cases were applicable for an assessment of item 19. In conducting this assessment, reviewers were to determine whether the frequency of visits between the caseworkers and children was sufficient to ensure adequate monitoring of the child's safety and well-being and whether visits focused on issues pertinent to case planning, service delivery, and goal attainment. The results of the assessment were the following:

- Item 19 was rated as a Strength in 17 (34%) of the 50 cases (14 of the 17 cases were foster care cases).
- Item 19 was rated as an Area Needing Improvement in 33 (66%) of the 50 cases (11 of the 33 cases were foster care cases).

Ratings for this item differed considerably by type of case. The item was rated as a Strength in 56 percent of foster care cases compared to 12 percent of in-home services cases (i.e. 88 percent of in-home services cases were rated as an Area Needing Improvement). Ratings also differed across CFSR sites. The item was rated as a Strength in 42 percent of Essex County cases and 36 percent of Ocean County cases, compared to 17 percent of Atlantic County cases.

Reviewers noted the following with respect to frequency of caseworkers' face-to-face visits with children in the 25 foster care cases:

- In 1 case (4%), visits typically occurred twice a month.
- In 15 cases (60%), visits typically occurred once a month.
- In 9 cases (36%), visits typically occurred less frequently than once a month.

Reviewers noted the following with respect to frequency of caseworker's face-to-face visits with children in the 25 in-home services cases:

- In 3 cases (12%), visits typically occurred twice a month.
- In 2 cases (8%), visits typically occurred once a month.
- In 20 cases (80%), visits typically occurred less frequently than once a month.

Item 19 was rated as a Strength when reviewers determined that the frequency and quality of DYFS caseworker contact with children were sufficient to meet the needs of the child and promote attainment of case goals. The item was rated as an Area Needing Improvement when reviewers determined the following:

- The frequency of caseworker visits was not sufficient to meet the needs of the child and when visits did occur, they did not focus on issues pertinent to case planning, service delivery, and goal attainment (22 cases).
- The frequency of caseworker visits was not sufficient to meet the needs of the child, but when visits did occur, they focused on issues pertinent to case planning, service delivery, and goal attainment (8 cases).
- The frequency of caseworker visits was sufficient to meet the needs of the child, but the visits did not focus on issues pertinent to case planning, service delivery, and goal attainment (3 cases).

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that many caseworkers do not see children in foster care with sufficient frequency. Stakeholders attributed this problem to the size of the caseworker's caseloads. They noted that recently caseloads have doubled and sometimes tripled and that caseworkers are overwhelmed. One stakeholder noted that a caseworker may have 150 children in his or her caseload and also will need to spend 2 days each week in court. Stakeholders reported that caseworkers have to see the children in their caseloads on weekends, nights, and early mornings before school, but they do not get paid for the overtime they spend trying to see the children. It should be noted however that the State does allow caseworkers to receive compensatory time, with supervisory approval, for hours worked beyond the 35-hour work week, up to 40 hours. Beyond 40 hours, workers receive paid compensation at a rate of 1½ times. Despite these issues, several stakeholders reported that frequency of contact varies across caseworkers. Some caseworkers will drop off a child at a foster home and not come back for 3 months, while another caseworker will maintain regular monthly contact.

Determination and Discussion: Item 19 was assigned an overall rating of Area Needing Improvement based on the finding that in 66 percent of the cases, reviewers determined that caseworker visits with children were not of sufficient frequency and/or quality to ensure children's safety and promote attainment of case goals.

According to the Statewide Assessment, DYFS has established requirements for visitation between caseworkers and children in their caseloads. For cases initially assigned for agency services, or transferred from one caseworker to another, visitation must occur within 20 working days from the date of the assignment or transfer; for cases involving children initially placed in family foster care or involving a change of placement, visitation should occur within 5 days of the placement; for cases involving children placed in child care institutions, initial visitation is required within 20 working days of placement; for cases involving children placed out-of-State, a visit must occur at least every 6 months. The Statewide Assessment also notes that children in independent living situations must be

visited by their case manager at least once every 2 weeks and children in foster care are visited more frequently than children receiving in-home services.

The Statewide Assessment notes that Minimum Visitation Requirements (MVR) are established by the caseworker and supervisor. The MVR dictates the frequency of caseworker contact with the child. As indicated in the Statewide Assessment, caseworker contact with children is critical because the DYFS caseworker is considered the primary observer, and is expected to be cognizant of the health, safety, and welfare needs of the child and to review the quality of services received from provider agencies. However, the Statewide Assessment also notes that the size of caseworkers' caseloads often hinders their ability to adhere to MVR schedules.

Item 20. Caseworker visits with parents

☐ Strength ☒ Area Needing Improvement

Review Findings: An assessment of item 20 was applicable for 47 cases. Three cases were not applicable for assessment because the parents were no longer involved in the child's life despite agency efforts to involve them. Reviewers were to assess whether the caseworker's face-to-face contact with the children's mothers and fathers (including pre-adoptive mothers and fathers) was of sufficient frequency and quality to promote attainment of case goals and/or ensure the children's safety and well being. The results of this assessment were the following:

- Item 20 was rated as a Strength in 11 (23%) of the 47 applicable cases (10 of the 11 cases were foster care cases).
- Item 20 was rated as an Area Needing Improvement in 36 (77%) of the 47 applicable cases (12 of the 36 cases were foster care cases).

Ratings for this item differed considerably by type of case. The item was rated as a Strength in 45 percent of foster care cases compared to 4 percent of in-home services cases (i.e. 96 percent of in-home services cases were rated as an Area Needing Improvement). Although ratings for this item were low in all CFSR sites, there was substantial cross-site variation. The item was rated as a Strength in 33 percent of Essex County cases and 25 percent of Atlantic County cases, compared to 8 percent of Ocean County cases.

Typical patterns of caseworker visits with mothers (including pre-adoptive mothers) were the following (42 applicable cases [17 foster care cases and 25 in-home services cases]):

- Twice a month visits - 1 case (which was an in-home services case representing 4 percent of applicable in-home services cases).
- Monthly visits – 11 cases (9 of which were foster care cases, and 2 of which were in-home services cases, representing 8 percent of applicable in-home services cases).
- Less than monthly visits – 25 cases (6 of which were foster care cases, and 19 of which were in-home services cases, representing 76 percent of applicable in-home services cases).
- No visits – 5 cases (2 of which were foster care cases, and 3 of which were in-home services cases, representing 12 percent of applicable in-home services cases).

Typical patterns of caseworker visits with fathers (including pre-adoptive fathers) were the following (35 applicable cases [14 foster care cases and 21 in-home services cases]):

- Monthly visits – 3 cases (all 3 of which were foster care cases).
- Less than monthly visits – 22 cases (8 of which were foster care cases, and 14 of which were in-home services cases, representing 67 percent of the applicable in-home services cases).
- No visits – 10 cases (3 of which were foster care cases, and 7 of which were in-home services cases, representing 33 percent of the applicable in-home services cases).

Item 20 was rated as a Strength when reviewers determined that visits between caseworkers and parents occurred with sufficient frequency to meet the needs of parents and children and that visits focused on issues pertinent to case planning, service delivery, and goal attainment. The item was rated as an Area Needing Improvement when reviewers determined the following:

- Caseworker visits with parents were not occurring with sufficient frequency, and even when they did occur, they did not focus on substantive issues pertaining to the case (25 cases).
- Caseworker visits with parents occurred with sufficient frequency, but did not focus on substantive issues pertaining to the case (1 case).
- Caseworker visits with parents were not occurring with sufficient frequency, but when they did occur they focused on substantive issues pertaining to the case (5 cases).
- There were no visits between the caseworker and either parent (5 cases).

Determination and Discussion: Item 20 was assigned an overall rating of Area Needing Improvement because in 77 percent of the applicable cases, reviewers determined that the frequency and/or quality of caseworker visits with both mothers and fathers were not sufficient to monitor the safety and well-being of the child or promote attainment of case goals.

According to the Statewide Assessment, New Jersey regulation requires that parents of children who are in foster care or are receiving in home services have regularly scheduled visits with their caseworker. The frequency of these visits can range from once a week to once every 12 weeks, as determined appropriate by the caseworker and supervisor. The Statewide Assessment notes that the schedule established by the supervisor and caseworker can be affected if there are contracted service providers visiting parents of children under the care and supervision of DYFS.

Well-Being Outcome 2

Outcome WB2: Children receive appropriate services to meet their educational needs.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Atlantic County	Essex County	Ocean County	Total	Total Percentage
Substantially Achieved:	7	10	5	22	64.7
Partially Achieved:	1	2	1	4	11.8
Not Achieved or Addressed:	2	4	2	8	23.5
Not Applicable:	2	8	6		

STATUS OF WELL-BEING OUTCOME 2

New Jersey did not achieve substantial conformity with Well-Being Outcome 2. This determination is based on the finding that the outcome was achieved in 64.7 percent of the cases reviewed, which does not meet the 90 percent required for substantial conformity.

Performance on this outcome did not vary substantively across CFSR sites. The outcome was determined to be substantially achieved in 70 percent of Atlantic County cases and 62.5 percent of Essex and Ocean County cases. Performance on this outcome differed by type of case. The outcome was determined to be substantially achieved in 90 percent of the foster care cases compared to 36 percent of the in-home services cases.

The primary case review finding was that DYFS is not consistent in its efforts to address the education-related needs of children in the in-home services cases, even when an education-related intervention was warranted. For the foster care cases, reviewers determined that DYFS made concerted efforts to meet children's education-related needs in most, but not all, cases.

The findings for the item assessed for Well Being Outcome 2 are presented below.

Item 21. Educational needs of the child

____ Strength __X__ Area Needing Improvement

Review Findings: An assessment of item 21 was applicable for 34 of the 50 cases reviewed. Cases that were not applicable for assessment were those in which the children were not of school age or were in their own homes and educational needs were not an issue. In assessing this item, reviewers were to determine whether children's educational needs were appropriately assessed and whether services were provided to meet those needs. The results of this assessment were the following:

- Item 21 was rated as a Strength in 23 (68%) of the 34 applicable cases (18 of the 23 cases were foster care cases).
- Item 21 was rated as an Area Needing Improvement in 11 (32%) of the 34 applicable cases (2 of the 11 cases were foster care cases).

Ratings for item 21 differed substantially by type of case. The item was rated as a Strength in 90 percent of foster care cases compared to 36 percent of in-home services cases.

Item 21 was rated as a Strength when reviewers determined that all potential educational needs were assessed and addressed as appropriate. The item was rated as an Area Needing Improvement when reviewers determined that the agency was not addressing education-related needs, even when there was evidence to indicate that this action was warranted. For example, in one case the agency did not provide monitoring regarding education-related needs even though the primary reason for involvement was the parents' failure to follow-up with the school regarding referrals for services. In three cases, the parent identified educational needs but no action was taken by the agency.

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that DYFS is over-reliant on foster parents to meet the educational needs of children in foster care. They noted that most foster parents attempt to meet this requirement, but that DYFS does not provide them with sufficient training or support to help them in this task. Stakeholders also noted that DYFS caseworkers often are not familiar with special education laws and regulations and therefore are unable to address concerns related to special education.

Most stakeholders also expressed concern about the negative impact of placement in foster care or change in placements on a child's school attendance because a change in schools often delays enrollment and transfer of paperwork. Stakeholders in Essex County reported that the local DYFS is working with the Board of Education to establish an agreement that children can remain in their home

school even if they are placed in foster care in another school district. However, other stakeholders noted that even with this agreement in place, transportation to the home school often is a barrier to attendance.

Stakeholders voiced concern about educational issues for children in residential treatment facilities and in shelter care facilities. They noted that the schools are reluctant to enroll children in those facilities.

Determination and Discussion: Item 21 was assigned an overall rating of Area Needing Improvement because in 32 percent of the applicable cases, reviewers determined that the agency had not made diligent efforts to meet children's educational needs.

According to the Statewide Assessment, children in foster care are more likely to have their educational needs assessed than children receiving in-home services. This is due to the fact that DYFS policy on educational assessment addresses children in placement, not those children remaining in their homes. For foster care cases, for example, DYFS regulation and policy require an assessment of family service needs, which includes the child's educational needs. The policy requires that the written case plan include the child's educational assessment. For in-home services cases, if educational needs are identified during the assessment, they are addressed and the school district is sought to provide the needed educational services. As noted in the Statewide Assessment: "The agency looks to the school district to address the identified educational needs."

The Statewide Assessment notes that, according to DYFS policy, foster parents are required to provide for the foster child's educational needs. Foster parents are required to be actively involved in the child's educational progress by attending conferences, meetings, and reporting the child's educational progress to DYFS staff. Foster parents are to request DYFS staff attendance at school conference and at meetings held on behalf of the child. A child's school progress record should be shared with the decision-making entities (e.g. the courts), as part of information considered during the process to terminate parental rights.

Well-Being Outcome 3

Outcome WB3: Children receive adequate services to meet their physical and mental health needs.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Atlantic County	Essex County	Ocean County	Total	Total Percentage
Substantially Achieved:	8	9	8	25	53.2
Partially Achieved:	2	6	1	9	19.1
Not Achieved or Addressed:	2	8	3	13	27.7
Not Applicable:	0	1	2		

STATUS OF WELL-BEING OUTCOME 3

New Jersey did not achieve substantial conformity with Well-Being Outcome 3. This determination was based on the finding that the outcome was rated as substantially achieved in 53.2 percent of the applicable cases, which is less than the 90 percent required for substantial conformity.

Performance on this outcome varied across CFSR sites. The outcome was determined to be substantially achieved in 67 percent of Atlantic and Ocean County cases, compared to 39 percent of Essex County cases. Performance on this outcome also varied as a function of case type. The outcome was determined to be substantially achieved in 76 percent of foster care cases compared to 24 percent of in-home services cases.

The CFSR case reviews found that the child welfare agency was not consistently effective in meeting children's physical and mental health needs. The primary concerns identified pertained to a lack of effort to address physical and mental health problems of children in most of the in-home services cases.

Findings pertaining to the specific items assessed under Well-Being Outcome 3 are presented and discussed below.

Item 22. Physical health of the child

____ Strength __X__ Area Needing Improvement

Review Findings: An assessment of item 22 was applicable for 42 of the 50 cases reviewed. Cases that were not applicable for this assessment were in-home services cases in which physical health concerns were not an issue. In assessing this item, reviewers were to determine whether (1) children's physical health needs had been appropriately assessed; and (2) the services designed to meet those needs had been, or were being, provided. The findings of this assessment were the following:

- Item 22 was rated as a Strength in 32 (76%) of the 42 applicable cases (22 of the 32 cases were foster care cases).
- Item 22 was rated as an Area Needing Improvement in 10 (24%) of the 42 applicable cases (3 of the 10 cases were foster care cases).

Ratings for this item differed by type of case. The item was rated as a Strength in 88 percent of foster care cases compared to 59 percent of in-home services cases. Item ratings also differed somewhat across CFSR sites. The item was rated as a Strength in 90 percent of Ocean County cases and 75 percent of Atlantic County Cases, compared to 70 percent of Essex County cases.

Item 22 was rated as a Strength when reviewers determined that children's health needs were routinely assessed and services were provided as needed. The item was rated as an Area Needing Improvement when reviewers determined that there was clear evidence of health-related needs that were not being addressed by the agency. For example, two in-home services cases were opened due to medical neglect but the medical issues were never addressed by the caseworker. In one case, the child had chronic respiratory problems and the allegation involved the mother's non-compliance with medical appointments or treatment. However, there was no agency action to monitor compliance. In another case, the child was born drug addicted, but no medical services were received once the child left the hospital.

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that DYFS makes concerted efforts to meet the physical health needs of children in foster care. They noted that, for the most part, exams are done within 30 days of placement and special needs are being addressed. The key concern identified by stakeholders with regard to children in foster care pertained to the scarcity of medical services providers. Stakeholders noted that although lack of providers was a problem with the Medicaid system in general, as the system changed to an HMO, providers have become even more scarce, particularly pediatricians and dentists. Stakeholders also expressed concern that DYFS places too much responsibility on foster parents to meet children's physical health

needs and that foster parents are experiencing a number of difficulties finding doctors within the HMO program and enrolling children in an HMO.

Determination and Discussion: Item 22 was assigned an overall rating of Area Needing Improvement based on the finding that in 24 percent of the applicable cases, reviewers determined that DYFS had not adequately addressed the health needs of children. The key concern identified pertained to a lack diligent effort to address the physical health needs of children in the in-home services cases.

According to the Statewide Assessment, New Jersey statute grants DYFS the authorization to provide for the medical needs of children under its care. DYFS also provides consent for children who need anesthesia or an operation. However, the agency must make efforts to obtain permission from the parents. DYFS is required to keep parents informed and involved in the medical planning for their child.

It was noted in the Statewide Assessment that children's physical health needs are always considered during the conduct of an assessment. Caseworkers are required to collect relevant medical information on specific health conditions, e.g. HIV, pre-natal drug exposure or other serious medical conditions prior to placement. DYFS policy requires a determination to be made as to whether a child's medical condition can be classified as "medically fragile." In addition, DYFS requires a medical exam at the time of a child's placement and when there is a change in placement setting.

As indicated in the Statewide Assessment, eligible children in foster care are provided medical coverage through the Medicaid Program. DYFS policy requires EPSDT screening for preventive health care and early detection and treatment of diseases for Medicaid-eligible children. Once a child enters foster care, DYFS policy requires that caseworkers provide caretakers with the child's health care record. Updates are to be provided within 30 days.

Information in the Statewide Assessment indicates that foster parents are expected to provide for the child's nutritional, health, and dental needs. However, the Statewide Assessment notes that, although foster parents are responsible for arranging annual medical and dental examinations for the children in their care, DYFS staff is responsible for ensuring that the annual medical and dental examinations are done.

In addition, the Statewide Assessment notes that DYFS has child health nursing services in 24 District Offices and five ARCs. Nurses are co-located with frontline supervisory and casework staff. They support child welfare professionals at meetings, collaborate with staff on assessment of children's health needs, and serve as liaisons between DYFS and health care facilities.

Item 23. Mental health of the child

____ Strength __X__ Area Needing Improvement

Review Findings: An assessment of item 23 was applicable for 36 of the 50 cases reviewed. Cases that were not applicable were those in which the child was too young for an assessment of mental health needs or in-home services cases in which mental health needs were not an issue. In assessing this item, reviewers were to determine whether (1) mental health needs had been appropriately assessed, and (2) appropriate services to address those needs had been offered or provided. The findings of this assessment were the following:

- Item 23 was rated as a Strength in 18 (50%) of the 36 applicable cases (13 of the 18 cases were foster care cases).
- Item 23 was rated as an Area Needing Improvement in 18 (50%) of the 36 applicable cases (4 of the 18 cases were foster care cases).

Item ratings differed considerably as a function of case type. The item was rated as a Strength in 76 percent of foster care cases compared to 26 percent of in-home services cases. Item ratings also varied considerably across CFSR sites. The item was rated as a Strength in 78 percent of Atlantic County cases, compared to 60 percent of Ocean County cases and 29 percent of Essex County cases.

Reviewers determined that children's mental health needs were "significantly" assessed in 23 cases, "partially" assessed in 7 cases, and "not at all" assessed in 6 cases (all 6 of these latter cases were in-home services cases). Reviewers determined that identified mental health service needs were "significantly met" in 15 cases, "partially met" in 11 cases, and "not at all met" in 7 cases (all 7 of these latter cases were in-home services cases). For the remainder of the applicable cases, the assessment revealed that no mental health services were needed.

Item 23 was rated as a Strength when reviewers determined that children's mental health needs were "significantly" or "partially" assessed, and mental health needs were "significantly" addressed. The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- Mental health needs were not fully assessed, although a mental health assessment was warranted (9 cases).
- Mental health needs were assessed, but identified services were not provided (11 cases).

In two of the in-home services cases, reviewers determined that one child in the family had mental health needs assessed without receiving services to meet identified needs and other children in the family did not receive an assessment of mental health needs,

although reviewers believed that such an assessment was warranted. In 11 of the cases rated as an Area Needing Improvement, reviewers determined that children were evaluated and mental health services were recommended, but no action was taken on the part of the agency to ensure that these services were received. In some instances, the mental health assessments identified severe emotional/behavioral problems that were not addressed.

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that there is a lack of mental health services for children in the State. Stakeholders also reported that at present there are a limited number of licensed child psychiatrists in the State. In addition they indicated that, because of a cap on services, access to mental health services in areas covered by the HMOs is insufficient to meet the need. State-level stakeholders reported that a new program, Partnership for Children, is designed to enhance mental health services for children; the State plans to eventually implement this program in every county.

Essex County stakeholders noted that mental health assessments are completed on all relevant cases, and that caseworkers know that if the assessment recommends services they must arrange for the services. However, despite stakeholder perceptions, only 29 percent of the cases reviewed in Essex County were rated as a Strength for this item.

Determination and Discussion: Item 23 was assigned an overall rating of Area Needing Improvement based on the finding that in 50 percent of the applicable cases, reviewers determined that DYFS had not made concerted efforts to address the mental health needs of children. The key concern identified pertained to a lack of mental health service provision in situations in which an assessment had been conducted and mental health service needs had been identified.

According to the Statewide Assessment, New Jersey statute authorizes DYFS to provide for the mental health needs of children under its care and supervision. The Statewide Assessment notes that when children have suffered from emotional neglect, domestic violence, and serious emotional harm, New Jersey regulations and DYFS policy allow for mental health assessments to be considered. DYFS staff may arrange for a psychiatric or psychological evaluation whenever they believe that the child may have suffered from serious emotional harm. However, there are no specific time frames as to when assessment should be conducted and services provided.

The Statewide Assessment also notes that DYFS policy requires that all relevant information pertaining to a child's mental health needs must be shared with the foster parents. Once a child with mental health needs is placed, the foster parent is responsible for ensuring that the child receives the appropriate mental health services and foster parents are to communicate with DYFS staff about

behavioral difficulties of the child in their care. As noted in the Statewide Assessment, New Jersey policy requires that DYFS assist parents or other caregivers in carrying out an appropriate mental health plan to address the child's needs.

Information in the Statewide Assessment indicates that out-of-home treatment settings (e.g., residential treatment centers, group homes, or treatment homes) are required by regulation to conduct treatment meetings involving mental health professionals. On going assessments and periodic treatment plans are required throughout the year. In addition, residential centers are to provide individualized structured programs to meet the residents' needs.

As of October 2003, each region in New Jersey had contracts for the following mental health services: crisis care, day treatment, group counseling, in-crisis service, personal case management, psychological assessment and consultation, psychotherapy, and substance abuse assessment and rehabilitation. Training has been provided to psychologists and psychiatrists to augment the group of mental health experts who conduct psychological and psychiatric evaluations of DYFS supervised children. The Division of Mental Health Services expanded services to families, children and youth to prevent placement and enhance reunification by developing and revising agreements with mental health providers and child serving agencies and expanding mental health services to families.

SECTION 2: SYSTEMIC FACTORS

IV. STATEWIDE INFORMATION SYSTEM

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3X	4

New Jersey achieved substantial conformity with the systemic factor of Statewide Information System. Information pertaining to the item addressed for this factor is provided below.

Item 24. State is operating a Statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding months, has been) in foster care.

☒ Strength ☐ Area Needing Improvement

Item 24 is rated as a Strength because the existing Statewide mainframe system (SIS), although not always easy to navigate or immediate in response, is able to identify the status, demographics, location, and case goals for children currently in foster care.

According to the Statewide Assessment, the New Jersey DYFS Service Information System (SIS) is a Statewide, real-time, on-line relational, mainframe-based database that contains hundreds of variables with information on the children and families that DYFS serves. The system stores current and historical case-level information needed by caseworkers to work with families and supervisors to monitor caseloads. SIS data can be aggregated into statistical reports for use by all levels of DYFS staff, as well as by representatives of State government, the public, and stakeholders. The mainframe system allows for the production of reports for monitoring elements of case activity and progress, budget tracking, trending, Federal claiming, and auditing. The system produces reports with aggregated data at the Statewide, regional, county and local office levels as well as caseworker-specific, case-level reports.

As reported in the Statewide Assessment, SIS can identify the status, demographics, location, and case goals for children in foster care in the State and for all children under DYFS supervision. SIS also meets the data recording and reporting requirements of the Federal Adoption and Foster Care Analysis Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) and has the programming capability to produce child welfare outcome measures at the State, regional, county, and district office levels to improve management and accountability.

Other positive aspects of the system noted in the Statewide Assessment are the following:

- It is accessible to all DYFS staff on-line from their own desktop workstation or from any agency PC via terminal emulation software (GLINK), 24 hours a day, 7 days a week.
- It is case specific. For example, using a PC, a caseworker can review current and historical case-level information on any case under DYFS supervision, and review some elements of case history. Supervisors can see current information on all of the cases assigned to his/her caseworkers, which can assist supervisors in case conferencing.

Identified problems with the current system also were noted in the Statewide Assessment. These include the following:

- Depending on the report, the delay between data entry and the production of the report may compromise a report's usefulness for decision-making and case management.
- The mainframe database is code-based, requiring knowledge of codes, their meanings and training of screen navigation. It was designed for use by clerical staff, which has the result of distancing the caseworker from data and information.
- The mainframe lacks the capacity to handle narrative information and flexibility for needed modifications.
- The State's survey conducted as part of the self-assessment process reported that 65 percent of the field staff "could not get the information they need about the safety of children from SIS, or any existing reports or web-based systems."

The Statewide Assessment reports that DYFS shares some data elements with other agencies in State government via electronic file transfer. An example of information sharing between DYFS and the Administrative Office of the Courts (AOC) is *Promis Gavel*, which enables the Division to view the courts' criminal records and the Family Court data system.

Finally, as indicated in the Statewide Assessment, the development of a Statewide Automated Child Welfare Information System (SACWIS) approved data system is underway in New Jersey. The new system will be compliant with Federal and State reporting requirements and allow DYFS to move from the current mainframe to a web-based environment. The agency has been building web-

based applications for caseworkers to use. Thus far, 29 PC-based systems and 5 web-based systems are in use. The movement away from mainframe systems and terminals toward PC-based applications is viewed as supporting the evolution toward the SACWIS system.

Stakeholders commenting on this item during the onsite CFSR provided opinions consistent with information in the Statewide Assessment. Although there was general agreement that the system currently is not user friendly, stakeholders were in general agreement that SIS permits caseworkers and supervisors to access family history; access information from the child abuse or neglect investigation; view their caseloads; track information from intake through adoption; and be aware of cases requiring hearings, reviews, and requests for TPR. Stakeholders also reported that SIS training is part of new caseworker training.

Stakeholders noted that the large caseloads carried by caseworkers make it difficult for them to find time to enter data into the system. In addition, stakeholders indicated that making changes in the system is problematic and time consuming. Stakeholders reported that if a case has been deemed “inactive,” there is a 24 hour delay in obtaining information. Consequently, staff may not have safety background information needed to conduct the investigation in a timely manner. Stakeholders indicated that the system frequently is “down” for long periods of time and that the information on the system is not updated as often as it needs to be to ensure access to necessary information. Essex County stakeholders noted that there are problems capturing the legal status and prior goals of children in the system and that the agency often has to have “clean up days” to ensure that caseworkers enter or update information.

V. CASE REVIEW SYSTEM

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1X	2	3	4

The State of New Jersey is not in substantial conformity with the systemic factor of Case Review System. Information on the items assessed for this systemic factor is presented below.

Item 25. Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.

____ Strength __X__ Area Needing Improvement

Item 25 is rated as an Area Needing Improvement. Although State agency policy requires that each child has a written case plan that is developed with the child's parent, the CFSR determined that this policy is not demonstrated in practice. DYFS acknowledges that the involvement of parents needs to be strengthened to include their participation in assessing strengths, identifying needs, determining goals, and identifying service providers.

According to the Statewide Assessment, State policy and rules, which are codified in New Jersey Administrative Code (N.J.A.C.), contain requirements for the content, timeliness, development and review of written case plans. N.J.A.C. requires that a case plan be developed within 45 calendar days of receipt of a referral or application for services and within 30 calendar days of a child entering or re-entering out-of-home placement. In addition, the case plan is to be developed with the child's parent, unless he or she is unwilling to participate; any person appointed by the court for this purpose; and the child, if the DYFS representative determines that the child is willing and able to participate.

As noted in the Statewide Assessment, the unit supervisor is responsible for ensuring that each child supervised by his/her unit has a case plan completed in accordance with DYFS policy. The supervisor meets this responsibility by reviewing case plans, by

conferencing with the caseworkers, and by accessing the web-based casebook. After review of the case plan, the supervisor indicates her/his approval of the case plan by signing it.

The Statewide Assessment notes that although DYFS policy supports the inclusion of the parent in all aspects of the development, implementation, and evaluation of the case plan, DYFS acknowledges that the involvement of parents needs to be strengthened to include their participation in assessing strengths, identifying needs, determining goals, and identifying service providers. Information in the Statewide Assessment indicates that internal case reviews show infrequent participation of parents and children in case planning. Some of the identified barriers to parental participation were transportation, insufficient bilingual staff, and the fact that caseworkers often do not take the time to explain the complex case plan forms to the parents so that they can participate. According to the results of a survey of parents of children in foster care reported in the Statewide Assessment, 16 of 50 parents responding to the survey said that they did not participate in developing a permanency plan.

Information in the Statewide Assessment indicates that DYFS has implemented Family Group Conferencing (FGC) to strengthen the involvement of parents in the case planning process. However, this approach is not yet implemented in all counties and cases. According to the Statewide Assessment, DYFS plans to increase and enhance use of the FGC model to further engage families in case planning.

Stakeholders commenting on this item during the onsite CFSR were in general agreement that case plans are being developed for children in foster care but expressed differing opinions regarding the involvement of parents in the case planning process. As noted under item 18, while some stakeholders believe that parents are involved in the case planning process, most suggested that parents are not engaged in this process. The majority of stakeholders indicated that for the most part case plans are developed by the caseworker and supervisor and then presented to the families for signature. This is consistent with the finding of the CFSR case review that parents and youth were not involved in case planning in 80 percent of the cases reviewed. In addition, although several stakeholders mentioned that Family Group Conferencing is being implemented in some areas of the State and is effective in engaging parents in the case planning process, no stakeholder reported having first-hand knowledge of this practice. However, stakeholders in one county reported that the Robin's Nest program does Family Group Conferencing with parents at the onset of the case.

Stakeholders also expressed concern about the viability of the case plans. Several stakeholders suggested that although there is a process in place to ensure that every child has a case plan, the case plans are not effective because caseworkers are not able to follow through with the services identified. They attributed this to the general lack of services in the community. Several stakeholders said that case plans are not individualized and are usually focused around parenting classes and psychological evaluations of the parents.

Stakeholders note that case plans are not family centered, not readily understood by the parent, and are not used to guide casework or help families achieve reunification.

Item 26. Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.

☐ Strength ☒ Area Needing Improvement

Item 26 is rated as an Area Needing Improvement. Although the State has a process in place to provide for a periodic review of the status of each child at least every 6 months, the CFSR found that reviews are not occurring consistently in a timely manner statewide and that there are gaps with respect to periodic reviews of cases after TPR has been attained.

According to the Statewide Assessment, there are two types of periodic reviews – the Child Placement Review Board, which takes place 45 days after initial placement, and the Regional Review, which takes place within 5 months of placement. After the initial reviews are completed, the two review processes alternate every 6 months and the case plan is reviewed and updated. As noted in the Statewide Assessment, the Child Placement Review Board (CPRB) is a legislatively-mandated system of case review by court volunteers. The Regional Review is the DYFS internal administrative review that is conducted by a DYFS representative who has no responsibility for case management or delivery of services to the child under review or to that child’s parents.

The Statewide Assessment indicates that during the reviews, the case plan, service plan, and visitation plan are reviewed, discussed and updated. Desired outcomes, obstacles, and timelines are discussed. The case goal and timeframe for achievement are reviewed. The Statewide Assessment notes that the caseworker is responsible for follow-up and implementation of changes identified as a result of the review. Depending on the changes needed, the reviewer can request that another review be conducted prior to 6 months. The SIS alerts staff regarding the specific cases scheduled for review.

Stakeholders commenting on this item during the onsite review were in general agreement that cases are reviewed at least every 6 months by some review process, either a CPRB review, an internal Regional Review, or a court review. In addition, stakeholders reported that courts review cases every 3 to 4 months in addition to the other reviews. Stakeholders noted that SIS has “ticklers” to alert caseworkers that a review is needed.

Essex County and Atlantic County stakeholders noted however, that until recently, reviews were not being consistently conducted for cases in which TPR had been attained. They reported that the courts were “just now” catching up on the backlog of these cases to make sure there were ongoing reviews.

Several stakeholders also expressed concern about the CPRB process. They suggested that this process needs to be strengthened because there are not enough boards to conduct the reviews and not enough staff to support the boards. Stakeholders identified the following concerns regarding the CPRB process:

- The CPRB does not always receive notification of a child’s entry into foster care in a timely manner.
- Members of the CPRB do not reflect the diverse ethnic and racial backgrounds of the families served by DYFS.
- The CPRB reviews tend to “rubber stamp” the DYFS plan rather than conducting a thorough examination of what is happening in the case.
- Many parents do not understand the review process and what is expected of them during this process.
- DYFS caseworkers are not required to attend the CPRB review and it is difficult to have a meaningful discussion about the case when the caseworker is not there.
- There is a lack of interface between the CPRB and the court hearings.

Item 27. Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

___ Strength __X__ Area Needing Improvement

Item 27 is rated as an Area Needing Improvement because the CFSR findings indicate that although a process is in place to ensure that children in foster care have a permanency hearing, the hearings are not being held consistently every 12 months.

According to the Statewide Assessment, State statute and DYFS policy mandate that a permanency hearing be held for all children in DYFS out-of-home placement within 12 months of a child’s out-of-home placement or, if there is a judicial finding that reasonable efforts to reunify the child with his or her parent(s) are not required, within 30 days of such finding. Permanency hearings are held every 12 months thereafter to monitor progress until the permanency plan becomes final. Permanency hearings are held by Child Placement Review Boards if there is no active litigation involving DYFS and the parent(s) concerning the child (i.e., the parent has

voluntarily consented to the child's placement) and include a judge's signature on the review determinations signifying judicial approval. The hearings are held by the court if there is a pending protective service or TPR action. Attorneys, judges, and court staff surveyed as part of the State's self-assessment process reported that parents do not have a meaningful opportunity for input before or during permanency hearings, and there is no consistent practice that ensures that parents are aware of and understand the outcome or consequences of a permanency hearing. The Statewide Assessment notes that DYFS is planning a new model for case practice that will emerge in 2004, and will include training for staff and resource families on working with families.

As noted in the Statewide Assessment, the Administrative Office of the Courts (AOC) tracks the date of entry of children into foster care and the Family Automated Case Tracking System (FACTS) reports whether a case has had a timely permanency hearing or whether one is imminently required (11 months in placement). The Statewide Assessment notes that in New Jersey more than 96 percent of the permanency hearings for children in out-of-home placement occur on time. The Statewide Assessment also notes that the 2002 title IV-E Eligibility Review identified 22 of the 150 cases reviewed that either did not have a permanency hearing on time, or failed to document the required court finding concerning reasonable efforts to finalize a permanency plan.

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that required 12-month permanency hearings are occurring in a timely manner. Stakeholders suggested that the State has an advantage in this area because it has a uniform court system – i.e., uniform training, uniform procedures, and uniform court orders. They noted that the Court system has worked to educate the judges regarding ASFA, although a few stakeholders acknowledged that some judges do not view the ASFA timelines as relevant to their decisions. Most stakeholders also noted that there is a great deal of cooperation between the agency and the court system. However, a few stakeholders suggested that the timeliness of permanency hearings varies by court and location and that sometimes continuances are granted because there is no plan for the child. Stakeholders in Essex County noted that it was only recently that agency policy changed to require a permanency hearing for children whose parent's had had their rights terminated.

Item 28. Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.

☐ Strength ☒ Area Needing Improvement

Item 28 is rated as an Area Needing Improvement. Although a process is in place for filing petitions for termination of parental rights (TPR), the CFSR determined that TPR is not being filed in a timely manner.

According to the Statewide Assessment, after permanency hearings are held, the court review process holds the agency and parents accountable for implementing the necessary interim steps toward finalizing the permanency plan. If a goal of TPR is set at the permanency hearing, the permanency order requires that a complaint be filed by the agency within 60 days, and a compliance review is scheduled by the court to insure that the complaint is filed. The Child Permanency Review Boards review cases after TPR and dismissal of litigation to track the finalization of adoption.

The Statewide Assessment indicates that for TPR cases closed by the Court between 01/01/02 and 6/30/03, the average length of time, from the time of filing for TPR to the granting of TPR was 309 days (AOC Data). The range of time of pending TPRs was from zero days to 2,484 days. The issues that delay achieving TPR include the length of time it takes to obtain evaluations, and the failure of parents to show up at evaluations or court. For cases pending on June 30, 2003, almost 12 percent had been pending for longer than 1 year.

Stakeholders commenting on this item during the onsite CFSR expressed the opinion that there is a process in place for seeking TPR in accordance with ASFA guidelines; however, there are delays in achieving TPR because of the time required to schedule the hearing and because of the lengthy appeals process, which can take up to a year to complete. Stakeholders noted that there are no deadlines for the appellate court to render a decision. Atlantic County stakeholders reported that parent's attorneys are automatically filing for appeals without evaluating the particulars of each case. Stakeholders also noted that parent's attorneys are requesting new psychological evaluations of parents at TPR hearings, even when there may be recent ones on file; courts are granting the request because they want to adhere to due process requirements. This contributes to TPR delays because parents often do not appear for their appointments and there are not enough professionals conducting psychological evaluations, which results in long waiting lists for this service.

Stakeholders also expressed concern that some delays in achieving TPR were due to (1) the need to transfer a case from DYFS to ARC before filing for TPR, (2) the agency not completing the necessary paperwork, (3) the reluctance of some courts to grant TPR when there is no identified adoptive resource for the child, or (4) the court finding that reasonable efforts were not made. Stakeholders suggested that this latter situation appears to occur most frequently when parents have substance abuse problems and are not able to access treatment services. There was general agreement among stakeholders that there is a lack of adequate resources at each level of the process.

Item 29. Provides a process for foster parents, preadoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

____ Strength X Area Needing Improvement

Item 29 is rated as an Area Needing Improvement. Although there is a process for notifying foster parents, preadoptive parents and relative caregivers of children in foster care about upcoming hearings with respect to the child, survey information from the Statewide Assessment and stakeholder comments during the CFSR demonstrate that DYFS and the courts are not consistent with regard to ensuring that caregivers of children in foster care are notified of, and have an opportunity to be heard in all case reviews and hearings.

According to the Statewide Assessment, at least 15 days before each CPRB review, the CPRB provides written notice of the date, time and place of the review to the parents; temporary caretakers; DYFS; the child; counsel for the parent, child or interested party; and any other person or agency whom the board determines has an interest in or information relating to the welfare of the child. Similarly, the District Office of DYFS is required to provide notification to caretakers as well as other relevant parties of each Regional Review 2 to 3 weeks in advance of the review. People who have been invited but who cannot attend may submit information in writing to DYFS concerning the case goal and the case plan for the child.

The Statewide Assessment indicates that surveys conducted as part of the State's self-assessment process revealed the following findings:

- More than half of the foster and relative caregivers surveyed reported that they received notices for Regional Reviews 2 to 4 weeks in advance of the review and most reported they are invited to CPRB reviews 2 to 4 weeks in advance.
- DYFS Regional Reviewers and most caseworkers estimated that caregivers attend Regional Reviews no more than half of the time, with most reviews attended by only the caseworkers and supervisors.
- Foster parents and relatives responding to the survey reported that parents and caregivers, including themselves, attend reviews "seldom" or "never."
- Less than half of the foster parents/relative caregivers surveyed reported that they have opportunity to be heard at Regional Reviews and have their input incorporated into the case plan. Greater participation was reported for CPRB reviews, in which more than half felt they had the opportunity to be heard.
- Directors of residential centers, group homes, and treatment homes, as well as foster parents, indicated that only about 50 percent of them are invited to attend Permanency Hearings.

- Although DYFS and the Judiciary have information systems in place to manage notification, caregivers are reporting that they are being notified only about 70 percent of the time, even though both DYFS and the Judiciary report that caregivers are given timely notice almost all of the time.

Stakeholders commenting on this item during the onsite CFSR provided differing perspectives depending on location. Ocean County stakeholders reported that the CPRBs provide notice to foster parents of their reviews, DYFS notifies foster parents of the Regional Reviews, and the Court notifies all parties of court hearings. Stakeholders in this site expressed the opinion that foster parents usually are notified of the reviews and hearings, but it is not standard practice that they can speak during the court hearings. Stakeholders often noted that foster parents may be told that they can go to the hearing, but that they cannot say anything. Sometimes they are discouraged from going by either the caseworker or the Law Guardian (or both) because they are told “it is not necessary”; this is sometimes due to caseworker and attorney concerns that caregivers may have to sit for long periods of time in court waiting for the case to be heard.

Many Atlantic County stakeholders noted that foster parents are notified regarding CPRB reviews and Regional Reviews and that the court is responsible for notifying foster parents about the court hearings. However, several Atlantic County stakeholders reported that notification of foster parents is inconsistent, and that foster parents often do not attend court hearings if they believe that “they have nothing new to contribute.”

In comparison to the other counties, Essex County stakeholders reported that DYFS notifies foster parents of court hearings and attaches a copy to the court document. Stakeholders in this site noted that “quite a few” caretakers attend the hearings and that the judges allow foster parents to speak in court, although they may be excused when other testimony is being heard. Stakeholders noted that when parties are in court they are given notice of the next hearing before the end of the current court hearing.

VI. QUALITY ASSURANCE SYSTEM

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1X	2	3	4

New Jersey is not in substantial conformity with the systemic factor of Quality Assurance System. Information pertaining to the items assessed for this factor is provided below.

Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.

____ Strength __X__ Area Needing Improvement

Item 30 is rated as an Area Needing Improvement. Although the State has procedures, policies, and standards in place to ensure quality care of children, stakeholders interviewed during the CFSR reported that large caseworker and supervisor caseloads hinder DYFS' ability to apply these standards in all cases. The State's Statewide Assessment also identified additional concerns regarding the application of standards. The Statewide Assessment reported the following: "The system remains heavily reliant on individual workers to assure the health, safety, and protection of children in out-of-home placements. Dependence on an 'operator excellence' approach to quality and safety protections invites inconsistency of approach and of intensity across providers, settings, and caseloads and reduces confidence that desired results will occur." The Statewide Assessment also identifies concerns about performance of contracted providers.

As indicated in the Statewide Assessment, there are specific safety concerns that DYFS must address regarding substandard housing environments in which children are placed in their out-of-home placements. A Quality Assurance review of safety assessments of children in foster homes reported that: "The second most frequent safety issue, cited for 22 of the 65 children for whom safety concerns were noted, was concern regarding the physical conditions in the home. This was second only to the concern of children needing counseling/assessment, or behavioral intervention."

The Statewide Assessment also notes that there are specific safety-related standards for foster care providers that include:

- An assessment of provider qualifications, including experience and ability.
- The requirements for Criminal Background History Investigation (CHRI) and Child Abuse Registry Investigation (CARI).
- Prescribed caregiver training requirements, including both pre-service and continuing credit requirements for caregivers and back-up caregivers.
- Establishment of life safety and physical plant requirements that are essential to assuring safety of the children placed.
- Addressing the provider's responsibility for collaboration with the caseworker and for the provision of care consistent with the needs of the children placed. Requirements include the obligation of providers to attend to the health, education, transportation and other identified needs of children in their care.
- Establishment of requirements for qualification and care that are reflective of diverse child needs. For example, Special Home Service Providers are foster care providers of medically fragile children.

Stakeholders commenting on this item during the onsite CFSR reported that the New Jersey Department of Human Services (DHS) established the Office of Program Integrity and Accountability less than 2 years ago. This office incorporates Licensing, Program Compliance, Program Improvement, and Auditing. The establishment of this office was intended to ensure the implementation of standards for the protection and safety of children in foster care. Stakeholders reported that standards were developed pertaining to training requirements for foster parents, the prohibition of corporal punishment by foster parents, restrictions on the use of restraints and physical space limitations in residential treatment facilities, the development of safety plans for all children in foster care, criminal background checks and DYFS background checks on all members of the foster family, and requirements pertaining to interviewing foster children alone at each contact.

Despite these standards, stakeholders reported that caseloads are so large that it is difficult to ensure the protection of children. They expressed the opinion that both caseworkers and supervisors are overwhelmed by their workloads. Several stakeholders voiced concern that caseworkers do not have time to see the children in their caseloads.

Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

____ Strength __X__ Area Needing Improvement

Item 31 is rated as an Area Needing Improvement because there is no comprehensive Statewide quality assurance system in place. Although the State recently conducted a number of quality assurance reviews, they have focused primarily on specific geographical areas or on particular cases.

According to the Statewide Assessment, from the late 1980s to 1992, there was a viable and organized DYFS Quality Assurance (QA) system maintained as part of the Central Office unit. It was called the Bureau of Research and Quality Assurance. In 1992, as the result of a reduction-in-force, the QA system was disbanded. The Statewide Assessment notes, however, that in 1998, increased funding allowed the reinstatement of QA positions and programs, but this was limited to only one Quality Assurance Coordinator and five Program Development Specialists. The Statewide Assessment indicates that the small number of staff allocated to QA hampers any significant statewide monitoring.

As indicated in the Statewide Assessment, in 2000 and 2001, the DYFS Office of Policy, Planning and Support introduced an agency-wide coordinated Quality Assurance system—the Program Improvement and Accountability System (PIAS)—to improve outcomes for families and enhance case practice. The system consisted of six components: Reporting Outcome Measures, Field Office Self Assessment, Supervision, Quality Assurance Review, Review by External Entities, and Statewide Automated Child Welfare Information System (SACWIS). Despite the existence of quality plans and a variety of one-time and recurring activities, the approach to QA is still fragmented, with the system operating largely in a reactive mode. The respective pieces of the QA structure have not been synthesized into a systematic approach that is well-deployed, is prevention focused, incorporates stakeholder input, uses in-process and outcome measures, uses information to support decision making at all levels, and focuses on continuous improvement. It was noted that although the use of the service review and peer review provides a retrospective evaluation of performance, there continues to be a need for more timely feedback of information in order to prevent/limit caseworker errors and to promote the safety and well-being of children.

Stakeholders commenting on this item during the onsite CFSR noted that currently DYFS does not have a Statewide quality assurance (QA) system, although this is part of the new Child Welfare Plan. Stakeholders reported that recently DYFS has created a Quality

Service Review system that is similar to the CFSR review process but includes an assessment of service quality as well as outcome attainment. At the time of the onsite CFSR, this system had been piloted with 50 cases.

Stakeholders also noted that the Program Improvement Office of the Office of Program Integrity and Accountability has a QA system that conducts independent reviews when there has been a specific situation, such as a high publicity case, or when they are asked by the DHS Commissioner or Governor to do an independent review. Although these reviews tend to be reactive rather than proactive, stakeholders reported that recent reviews indicated a need for DYFS to (1) pay more attention to substance abuse, (2) look at the family as a unit rather than focusing on a particular child, (3) pay more attention to domestic violence in the home, and (4) provide continued ongoing training of experienced caseworkers. Stakeholders also reported that the State is conducting random reviews of cases that were closed to ensure that they were closed for appropriate reasons, that all safety concerns were resolved, and that the closure was conducted in accordance with agency policy.

VII. TRAINING

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2 X	3	4

New Jersey is not in substantial conformity with the systemic factor of Training. Information pertaining to the items assessed for this factor is provided below.

Item 32. The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.

____ Strength __X__ Area Needing Improvement

Item 32 is rated as an Area Needing Improvement. Although the State provides initial in-service training, this training is insufficient to address the goals and objectives contained in the CFSP and the services provided under titles IV-B and IV-E. The CSFR found that training was not sufficient to link caseworker skills and competencies to key outcome measures.

According to the Statewide Assessment, DYFS policies and/or administrative directives mandate pre-service training for all new caseworkers, supervisors, residential center youth workers (for State operated facilities), social service aides, and support staff. New District Office/Adoption Resource Center Managers and Casework Supervisors training is tentatively scheduled to begin January 2004. The Statewide Assessment notes that pre-service training for new caseworkers addresses the following topics: Diversity and Professional Ethics, Understanding Child Abuse and Neglect, Screening Child Protective Services Calls, Investigation of CPS Allegations, Investigative Interviewing Skills, Assessing Safety and Risk, After the Investigation, Case Assessment and Documentation, Case Planning, When Goals Are Met, Preventing Child Abuse and Neglect in a Residential Setting, Crisis Recognition, and Prevention and Intervention.

As reported in the Statewide Assessment, all new Family Service Trainees (the entry-level field caseworker title) are required to attend a Pre-Service Training Program during the first month of employment. This consists of 14 class days interspersed over 20 workdays, with 6 field days, which are coordinated to provide field experiences that reinforce the classroom material. The manual for new caseworkers outlines 10-13 suggested activities for the field experience portion, such as attending family court hearings, observing an investigation pre-conference, or accompanying a caseworker on an investigation. Field activities correlate to training topics. Their completion is verified by the supervisor, although there is no set curriculum for the transfer of learning activities. Once the 20 days are completed, all new Family Service Trainees are required to attend 8 foundation courses during their second through eleventh month of employment. These courses are: Child Sexual Abuse Identification, Interviewing Skills, High Risk Indicators, Permanency Planning, Medical Indicators of Child Abuse and Neglect, Child Sexual Abuse Investigation, Understanding Substance Abuse, and Computer/SIS Skills. Caseworkers and supervisors receive post-tests to evaluate the need for additional or remedial training in core courses.

The Statewide Assessment indicates that during the first 20 days of training, caseworkers do not receive cases. They may become familiar with cases that could be assigned to them once training is completed. Up to 12 cases can be assigned to trainees gradually over a 2-3 month period after training.

According to the Statewide Assessment, responses to a survey conducted as part of the State's self-assessment process indicated that to improve the effectiveness of training, the future development of training must link caseworker skills and competencies to key outcome measures. Quality Assurance will also need to measure the improvement of case practice in conjunction with needed structural improvements (such as mentoring of staff and the increase of New Caseworker Units).

According to the Statewide Assessment, new supervisors must take training within 2 months related to personnel issues, and then 10 days of training in 4 core courses. The Statewide Assessment also notes that social service aides, who provide transportation and perform other duties, are required to participate in an orientation. Civil service specifications permit social service aides to carry a small caseload.

Most of the information and opinions provided by stakeholders commenting on this item during the onsite CFSR are consistent with information provided in the Statewide Assessment. However, Essex County stakeholders voiced concern that in many situations caseworkers receive caseloads before they have completed all the necessary training because of the general caseload demands in the agency. In addition, most stakeholders expressed the opinion that the first 20-day training does not prepare caseworkers to do their jobs but is focused on the intake process. They noted that the continuing training that is received during the first year provides

improved preparation, but comes “too late”, i.e., caseworkers are already out there on the job before they get the knowledge they need to do it right. Stakeholders also voiced concern that even when caseworkers attend training, because of the caseworkers’ caseload demands, there is no time to process the training and have conferences with supervisors that would help them develop the necessary competencies.

With regard to training, stakeholders reported the need for the following:

- A mentoring program.
- More hands-on training up front.
- More training in doing paperwork.
- More training in assessment and cultural diversity.
- More locally-related information (training is too centralized).
- More training in differentiating between safety and risk.
- More new supervisor training (and less delay in accessibility of supervisor training).
- More training on how to monitor safety of children in foster care.
- More focus on field work and transfer of learning.
- More training on helping youth make the transition from foster care to independent living.

Item 33. The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

_____ Strength X Area Needing Improvement

Item 33 is rated as an Area Needing Improvement because there is no on-going training program to reinforce and enhance worker skills once the core courses are completed. Training opportunities for caseworkers are limited to special courses provided to address new policies and practices, tuition assistance for MSW courses, and specialized training for adoption and residential treatment center workers.

According to information provided in the Statewide Assessment, DYFS considers the eight foundation courses that are to be completed during the first year of training as the agency’s “ongoing” training program. DYFS has not established minimum

requirements for annual training hours for all staff. However, the Statewide Assessment indicates that a variety of continuing education opportunities is available to caseworkers, including tuition assistance offered to assist MSW students as well as support for certification courses in Public Child Welfare. In addition, the caseworkers and supervisors at the Adoption Resource Centers receive 2 days of adoption-specific training at an annual Adoption Training Conference, and there are three courses provided on an as-needed basis to experienced caseworkers. These courses are: Special Response Unit Training (after-hours response staff), Service Information Systems (SIS), and Screening.

As indicated in the Statewide Assessment, in 2001, the Renaissance Academy was launched for experienced Family Service Specialists hired prior to August 1997. Approximately 400 staff received training in the following areas: High Risk Indicators, Permanency Planning, Medical Indicators of Child Abuse and Neglect, and Understanding Substance Abuse. Also, in 2002-2003, approximately 2,000 Family Service Specialists were trained in the current Structured Decision Making (SDM) process. During 2004, it is projected that over 2,800 caseworkers, supervisors, and managers will be trained in a revised SDM system.

The Statewide Assessment notes that experienced DYFS staff at Regional Treatment Centers (RTC) are required to take the following courses during their first 2 years at the RTC: Substance Abuse in RTC Teens, Adolescent Depression and Suicide, and Talking with Teens re: Love/Sex.

Information in the Statewide Assessment indicates that currently, DYFS relies on course evaluations, surveys at the end of some courses, Operations-Policy-Training meetings, and DYFS mandates to determine the focus of current courses and the creation of new ones. Local training needs also can be determined in part by the Regional Office and by the individual District Office/ARC. Each Region may select sessions for staff based on identified issues in the specific Region or office. Resource Development Specialists in each Division Office or Adoption Resource Center work with the manager and others to arrange staff training based on identified office trends, resources, and needs.

Stakeholders commenting on this issue during the onsite review reported that after the first year of training, there are no mandated ongoing training hours for DYFS staff or supervisors. However, stakeholders noted that staff receive training in new practices and policies, such as Structured Decision Making, and can attend conferences. Stakeholders also noted that experienced caseworkers receive special training if they become adoption workers.

Item 34. The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

☒ Strength ☐ Area Needing Improvement

Item 34 is rated as a Strength because the State provides initial and ongoing training for foster and adoptive parents and initial and ongoing training for institutional child care workers.

According to the Statewide Assessment, training requirements for foster and adoptive parents are mandated by New Jersey's Foster Home Licensing Act. Prospective foster care and adoptive parents are required to attend a 3-hour orientation prior to beginning the process to become a licensed foster or adoptive parent. Both pre-service and in-service training must be completed as conditions for licensure. As noted in the Statewide Assessment, 24 hours of pre-service training are required. The training curriculum is Parents as Tender Healers (PATH). PATH training is conducted in all areas of the State, and is offered in the daytime, evenings and on Saturdays. PATH training is also offered in Spanish several times per year in the Northern Region.

Information in the Statewide Assessment indicates that foster home licensing is followed by 2-year, in-service training cycles. During each 2-year training cycle, the primary licensee must complete 14 hours of in-service training, with the second caregiver taking 7 hours of training. The 14 hours must include a minimum of 9 hours in the following core requirements: Positive Discipline 1, Positive Discipline 2, and Separation and Loss. During the second 2-year training cycle, the primary licensee must complete hours from a selection of elective training that has been approved by DYFS. There is no system for tracking whether foster and adoptive parents are participating in the required training hours; consequently, it is difficult to assess provider compliance or to develop an inventory of needed training. In addition, there is no system in place through which DYFS can assess the quality of training that is provided to foster parents by external trainers.

As noted in the Statewide Assessment, Special Home Service Providers (SHSP) for medically fragile children are required to complete 22 hours of in-service training annually, in addition to the routine foster care 14-hour in-service requirement. Hospital staff and/or DYFS contracted nurses provide specialized training to SHSP prior to placement of a child with a specific illness or medical condition.

The Statewide Assessment also notes that contracted group homes and residential treatment centers must develop a training plan and ensure the training of all staff members in at least the following areas: the home's statement of purpose; emergency procedures; protocols for medication; infection control procedures; and the home's behavior management policy. The in-service training requirement for staff is a minimum of 12 hours of training annually in the following areas: the principles of behavior management; alcohol and substance abuse; human sexuality and AIDS; and suicide prevention.

Stakeholders commenting on this item during the onsite CFSR reported that all foster parents and pre-adoptive parents receive training using the PATH curriculum and that most of them have very positive perceptions of this training. Some stakeholders, however, reported that foster parent training is not available in all areas of the State and that the training is not always available in the language of the foster parents.

Stakeholders noted that foster parents also are required to complete 14 hours of training every 2 years, although they can fulfill this requirement by watching videos as well as by attending a training class. However, stakeholders also noted that DYFS does not have a system for tracking whether foster parents complete the required in-service training hours and many foster parents are not asked to provide proof of their ongoing training at the time of re-licensure. Stakeholders noted that some foster parents do not want to participate in ongoing training because they do not receive transportation or day care.

Stakeholders reported that foster parents need training in the following areas:

- Making educational decision and advocating for children with the school system;
- Working with DYFS; and
- Parenting children who have challenging behaviors.

VIII. SERVICE ARRAY

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1X	2	3	4

New Jersey is not in substantial conformity with the systemic factor of Service Array. Information on the items assessed for this factor during the CFSR is presented below.

Item 35. The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

____ Strength __X__ Area Needing Improvement

Item 35 is rated as an Area Needing Improvement because the service array is not sufficient to address needs in terms of the quantity and, in some instances, the quality of the services offered. A systemic problem noted by stakeholders is the lack of comprehensive assessments to determine the effectiveness of the services offered and ensure the safety of children.

According to the Statewide Assessment, although there is a large array of services in the State, the current availability of services is insufficient to address the needs within the State's child welfare system. Key services that are not available on a Statewide basis include:

- Substance abuse treatment services—respondents indicated that there are insufficient resources to treat parents and adolescents who are substance addicted and little or no services for maternal/infant stabilization to prevent removal or facilitate rapid reunification. This was reiterated by the Commissioner's Workgroup on Substance Abuse and Child Welfare.
- Vocational training, transportation and funding for housing—the availability of these resources is inadequate to support the safety, well-being, and reunification of children.

- Graduated reunification—New Jersey’s short-term intensive family preservation model does not allow for long-term management of reunification cases. Although post-reunification services are available to support the family after the child has returned home, some may be time-limited depending on the specific program. However, once a program is completed, the family may be connected with alternate, appropriate community services that address their needs.

The Statewide Assessment notes that DYFS provides secondary and tertiary pre-placement prevention services to children and families who have been the subject of a Child Protective Services investigation. This is done either directly by DYFS staff, by contract, or through referral to community services. These services are aimed at addressing the risk/safety issues that must be resolved in order for the child(ren) to remain safely at home. The following pre-placement prevention services are available: Family Preservation Services, Domestic Violence Core Services, a Healthy Families Program, a Teen Parenting Programs, and a Child Protection Substance Abuse Initiative.

The Statewide Assessment also notes that DYFS provides services to support the safe and timely reunification of children with their families. These services include: DYFS Case Management Services, Intensive In-Home Services, Mental Health and Behavioral Health Services, a Family Unification Housing Program, Family Group Conferencing, Supervised Visitation Services, Foster Care Support Services, Substance Abuse Treatment Services, Head Start, WIC, food banks, child care, and after school programs.

As indicated in the Statewide Assessment, DYFS uses the following programs and initiatives to reach and expedite the goal of adoption: four (4) DYFS Regional Permanency Units, a Foster Parent Adoption program, Fost-Adopt, Adoption Recruitment, Select Home Adoption, a toll-free recruitment hotline, no cost Pre-Service Training and home studies, the Adoption Subsidy Program, both Pre and Post-Adoption Services, and the New Jersey Adoption Resource Clearinghouse.

Finally, as noted in the Statewide Assessment, the State’s Chaffee Independent Living Program consists of the following services: Independent Living Skills Programs; After-Care services, Post Secondary Training and Education programs, Transitional Living Programs, case management continuation for 6 months after the DYFS case is closed, housing assistance, and health insurance coverage until age 21 for young adults who were in a DYFS placement at age 18, regardless of income.

In addition to these services, the Kinship Legal Guardianship Act was passed in 2001. This Act created a permanency option for children whose relatives or family friends are capable of and willing to care for the child until the age of 18. DYFS developed policy and implemented: 1) the Relative Care Permanency Support Program, and 2) the Kinship Legal Guardianship subsidy program in January 2002.

Stakeholders commenting on this item during the onsite CFSR were in general agreement that regardless of location, there are not enough services to meet the needs of children and families. In addition, some stakeholders suggested that caseworkers' caseloads often are too large to allow them to conduct a full assessment to identify and link families to the services that are available. Several stakeholders also voiced concern about the quality of some services that are offered to parents on a routine basis, particularly parenting education services. These stakeholders reported that parenting education services are offered to almost all parents, but because the effectiveness of these services has never been assessed, it is not known whether parents learn anything as a result of these classes or if their parenting behaviors changed in any way.

Key service gaps identified by stakeholders pertained to affordable housing, substance abuse treatment, and mental health assessment and treatment services. Stakeholders reported that the lack of these services makes it very difficult to reunify children with their families in a timely manner and to ensure that youth emancipated from foster care will make a successful transition to independent living. Other service gaps identified by stakeholders included, but are not limited to, the following:

- Substance abuse treatment resources.
- Foster homes for babies, medically fragile children, and children with behavior problems.
- Therapeutic foster homes.
- Transportation to access other services.
- Independent living services for adolescents.
- Visitation services.
- Mental health services.
- Services for children entering foster care through the juvenile justice system.
- Psychiatric services for children (including evaluations).
- Culturally appropriate services in the language of the clients.

Stakeholders identified some special programs as effective in helping achieve goals for children and families. These included Reunity House, which provides supervised visitation, the Adoption House Program, and the Family Life Center in Atlantic County, which serves families with children younger than age 5.

Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.

____ Strength X Area Needing Improvement

Item 36 is rated as an Area Needing Improvement because the CFSR found that services that are available in some areas of the State are not available in other areas. Stakeholders expressed concern that parents often lose access to a service if they move to another county that does not have that service. It also was determined that a number of barriers exist to providing services, including transportation and waiting lists.

According to the Statewide Assessment, respondents who participated in surveys, interviews, and focus groups conducted as part of the State's self-assessment process, indicated that although an array of comprehensive services exists, service availability and accessibility are inconsistent among rural, suburban, and urban jurisdictions. Some of the barriers to service delivery were a lack of transportation; waiting lists to access services; no reliable centralized database to track services/service availability; and service hours in some traditional community agencies that do not permit access to services during nights and weekends.

As noted in the Statewide Assessment, the State believes that the recently developed Child Welfare Plan will result in a dramatically revamped service system in which services will be tied to the specific needs and locations of children and families. The State also believes that the service array will need to be expanded and "redistributed" in order to be effective in achieving desired outcomes for children and families.

Some services noted in the Statewide Assessment that are not available on a Statewide basis:

- Integrated medical and psychological services—the services provided by New Jersey's Regional Diagnostic and Treatment Centers need to be more widespread.
- Family Preservation Services—there are an inadequate number of slots available for this intensive, in-home service, resulting in waiting lists. However, in some places, slots may go unused.
- Health services for children—There is a lack of intensive, in-community therapeutic services for severely emotionally disturbed children and their families, as well as a scarcity of child psychiatrists. Additionally, the availability of health and mental health service providers is limited by the State's reliance on Medicaid funding.
- A lack of appropriate services for children who experience behavioral and/or mental health problems

- A lack of pre-adoptive services to prepare children for permanency, and post-adoptive services to enable success in their new family.

Stakeholders commenting on this item during the onsite CFSR expressed the opinion that there are service shortages in every locality of the State and that there are waiting lists for services in every location. They also noted, however, that some localities have even fewer services and longer waiting lists for services than do other localities and that some suburban counties do not have any services at all. Services that have particularly long waiting lists in some localities are family preservation services, substance abuse treatment services, and mental health services.

Item 37. The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.

____ Strength __X__ Area Needing Improvement

Item 37 is rated as an Area Needing Improvement because the ability to individualize services is hindered by limited caseworker skills in assessing child and family needs and the lack of bilingual services. Communication problems between DYFS and contracted service providers also were noted by stakeholders as impeding efforts to tailor services to meet specific needs of children and families.

According to the Statewide Assessment, the capacity of DYFS to individualize services to meet the unique needs of children and families is hampered by limitations with regard to caseworkers' ability to properly assess the child and family and to successfully link consumers with services; a lack of caseworker information about the availability of needed services; the practice of specified contracted service delivery as opposed to more flexible alternatives that may permit more rapid redeployment of resources; and the lack of family-centered planning as a resource to identify additional alternatives. Another barrier to the individualization of services noted in the Statewide Assessment is the lack of bilingual services. Bilingual services are limited even in Latino communities, which are significantly represented in the State. For cultural groups that are less represented in the population, language-competent service delivery sources are even more difficult to locate. It was noted that DYFS and its contracted agencies continue to struggle to find qualified and skilled multi-lingual service practitioners for medical and mental health services.

Stakeholders commenting on this item during the onsite CFSR were in general agreement that DYFS is not effective in individualizing services to meet the unique needs of children and families. Stakeholders noted that services often are provided on the basis of availability rather than on appropriateness, resulting in situations in which parents are inundated with services that they do not need.

Stakeholders also noted that there is no ongoing assessment process in place to determine if the services provided are meeting the family's needs.

Many stakeholders expressed the opinion that services are not individualized because case plans are not individualized. Most stakeholders said that case plans are "cookie cutter" plans with all parents slated to receive the same services. In addition, stakeholders reported that there is little communication between DYFS caseworkers and service providers. The insufficient communication results in situations in which the DYFS caseworker does not know what services the family is actually receiving or the extent of the family's participation in referred services.

Information from stakeholders suggests that culturally competent services are available in some areas for some ethnic groups but not in all areas.

Stakeholders identified a few existing programs that are able to individualize service delivery, such as the Partnership for Families, the Child Advocacy Center, and the Value Options program, but indicated that these programs are not available for all families.

IX. AGENCY RESPONSIVENESS TO THE COMMUNITY

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2X	3	4

New Jersey is not in substantial conformity with the systemic factor of Agency Responsiveness to the Community. Information pertaining to the items assessed for this factor is provided below.

Item 38. In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.

____ Strength __X__ Area Needing Improvement

Item 38 is rated as an Area Needing Improvement because the CFSR determined that the current level of participation of stakeholders in ongoing consultation with regard to the CFSP is too limited. Information gathered through the Statewide Assessment and stakeholder interviews indicate that the existing consultation process does not include service consumers, especially youth and their caregivers, service providers as well as local community stakeholders, and representatives from all levels of the child welfare agency.

According to the Statewide Assessment, New Jersey has a rich array of groups, committees, advisory boards, and councils that actively engage in planning and coordinating child welfare activities throughout the State. There also are a wide range of regularly scheduled consultative and collaborative activities that support development of the CFSP. The Statewide Assessment notes that the DYFS Transformation Plan (Child Welfare Plan) development and lawsuit settlement work is predicated on linking stakeholders with agency planning and operations.

As indicated in the Statewide Assessment, the State's 5-Year CFSP and interim annual updates are developed through consultation with the following groups: Promoting Safe and Stable Families (PSSF) Statewide Planning Committee, Chafee Foster Care Independence Program, and Citizen Review Panels (which consist of the Task Force on Child Abuse and Neglect, the Child Fatality

and Near Fatality Review Board/Citizen Panel, and the Staffing and Outcome Review Panel). However, according to the Statewide Assessment, the perception on the part of families and the general public is that either collaboration activities do not take place or that they are unaware of them. Consequently, although there are many workgroups, committees, providers, and advisory bodies that represent the broad spectrum of child welfare that are active across the State, there is a need to explore new ways of sharing information and coordinating feedback.

The Statewide Assessment suggests that special emphasis also must be given to improving inclusion and planning participation among service consumers, especially youth and their caregivers. Also, partnership efforts should include service recipients as well as community professionals and paid supports, but should not end there. Increasing the mechanisms for two-way communication with the public may generate improved awareness of opportunities to strengthen communities.

Finally, the Statewide Assessment notes that although there are no federally recognized tribes in New Jersey, the State has operated in the spirit of the Indian Child Welfare Act (ICWA) in providing staff training and by developing policy and procedures for the adoption and placement of American Indian children.

Stakeholders commenting on this item reported that the PSSF committee was formed several years ago to develop initial and subsequent IV-B plans. Members of the committee include representatives from other State agencies and community providers. Stakeholders noted that the group meets only semi-annually to look at trends and issues, and to discuss the need for new programs and services based on what is working. Stakeholders, particularly Essex County stakeholders, also noted that DYFS had many public meetings to seek public input before the development of the new Child Welfare Plan as well as the CFSP.

Stakeholders expressed concern, however, that the State was not seeking input from local DYFS administrators and staff in preparing the CFSP and local agencies have not been asked for feedback on the State plan. In one CFSR site, agency administrators did not know what the State CFSP was.

Item 39. The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP.

____ Strength __X__ Area Needing Improvement

Item 39 is rated as an Area Needing Improvement because there is a lack of inclusion of stakeholders in the development of annual reports of progress and services delivered, particularly stakeholders who represent DYFS and other key organizations and entities in the child welfare system.

According to the Statewide Assessment, the CFSP is developed by gathering feedback and input from various internal and external community stakeholders. The Statewide Assessment also notes that the New Jersey child welfare system has been undergoing a major transition based on the tragic death of a child and a settlement of a lawsuit filed by Children's Rights, Inc. In this regard, there are two planning documents that have assisted in the transition process at DYFS: (1) the Department of Human Services' Mission, Vision, and Core Values document, which emphasizes the need for sound decision making, planning and inclusion, communication, etc.; and (2) the DYFS Transformation Plan, which outlines priorities and measures for stabilizing the Child Welfare system.

Most stakeholders commenting on this item during the onsite CFSR indicated that they were not aware of, or involved in, the development of annual reports of progress and services delivered. They noted that local agencies are not asked for input or comments on the State plan.

Item 40. The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.

☒ Strength ☐ Area Needing Improvement

Item 40 is rated as a Strength because the CFSR determined that the State has undertaken efforts to coordinate CFSP services with a number of other services offered by other State and private agencies providing federal or federally assisted programs serving the same population.

According to the Statewide Assessment, New Jersey has a number of collaborative efforts involving DYFS and various private and public agencies that are aimed at enhancing the coordination of service delivery to children and families that are jointly served by these entities. It was noted that the State supports and sponsors coordination of service provision among human service agencies at the individual case, local/county service, and State levels. This is done through a number of formal and informal networks of representatives from the DYFS, other units of State government, provider groups, advocacy organizations, other public and provider

entities, family and youth representatives. At the State level, key organizations include the following Departments: Human Services, Health and Senior Services, Education, Mental Health Services, Law and Public Safety, Labor, and the Juvenile Justice Commission.

As indicated in the Statewide Assessment, New Jersey also recognizes the need to coordinate services in complex cases and has responded by forming workgroups and committees that involve experts in child abuse, domestic violence and substance abuse at State, regional, and county levels. The State plans to continue its responsiveness to these issues through efforts at the community level to coordinate and develop services. Collaborative Efforts include: The Partnership for Children, Regional Diagnostic and Treatment Centers (RDTC), The Court Improvement Project, Child Health Advisory Council, and Multidisciplinary Teams.

Stakeholders commenting on this item during the onsite CFSR expressed the opinion that coordination with the courts has been effective, but that service coordination with other agencies, such as mental health, education, juvenile justice, and substance abuse is not yet as strong as it needs to be to meet the needs of children and families. Some stakeholders noted that in one site (Essex County) there is an agreement with the Board of Education that permits children in foster care to remain in their same schools even if they are placed in another school district. However, stakeholders suggested that the provisions of this agreement are not always adhered to. Other collaborative examples identified by stakeholders were the following:

- DYFS has joined with the Temporary Assistance for Needy Families (TANF) program to create a transitional housing program for youth transitioning from foster care to independent living.
- A Children's Cabinet was formed last year and all State agencies that serve children and families are represented on the Cabinet. The Cabinet meets monthly to ensure that efforts are coordinated among agencies with regard to implementing the new Child Welfare Plan.
- The State has moved the Division of Addiction Services out of the Department of Health and into the Department of Human Services in order to ensure better coordination of services between child welfare and substance abuse treatment services.
- The agency is working with the Juvenile Justice Commission to improve coordination of services to youth who are involved with both juvenile justice and DYFS.

X. FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2X	3	4

New Jersey is not in substantial conformity with the systemic factor pertaining to Foster and Adoptive Parent Licensing, Recruitment and Retention. Information pertaining to the items assessed for this factor is provided below.

Item 41. The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.

 X Strength Area Needing Improvement

Item 41 is rated as a Strength because the State has implemented licensing standards to assure that all foster family homes and child care institutions provide for the safety and well-being of children placed in those facilities.

According to the Statewide Assessment, the standards for family foster homes, adoptive homes, relative care homes, residential treatment centers, group homes, family treatment homes, and children's shelters have been established by State statute, regulation, and policy. The standards governing foster homes are included in the New Jersey Foster Home Licensing Act as well as New Jersey Adoption and Safe Families Act Legislation.

As indicated in the Statewide Assessment, prior to 1999, foster homes were approved by foster care units in the DYFS Regional and/or District Offices. In May 1999, to ensure that the standards were applied consistently and to avoid conflict of interest, foster homes were required to be certified by the Bureau of Licensing. Since April 2002, foster homes have required full licensure after the implementation of the New Jersey Foster Home Licensing Act. As of January 1, 2003, the Bureau of Licensing was transferred out of DYFS and became the Office of Licensing (OOL) within the Department of Human Services.

The Statewide Assessment notes that as of November 2003, there were 4,088 licensed foster homes in New Jersey. Providers must meet all applicable State foster home requirements including successful completion of a State and federal Criminal Background History Investigation (CHRI), a Child Abuse and Registry Investigation (CARI), a 24 hour pre-service foster parent training, and an on-site inspection of the physical plant and home environment. The inspection protocol is standardized to ensure consistency in applying standards statewide.

Once a foster home or congregate care facility has received a license, the Office of Licensing conducts onsite inspections. These are completed on an annual basis for foster homes and on a biannual basis for congregate care facilities. Unannounced visits and re-inspections are conducted to ensure continued compliance with regulations. Foster homes require a full licensing review every 3 years.

Stakeholders commenting on this item during the onsite CFSR had mixed perceptions regarding the standards for foster family homes and child care institutions. Some stakeholders expressed the opinion that the standards are adequate while other stakeholders suggested that the standards could be better and that foster care caseworkers have too many cases to be able to monitor compliance with standards. Essex County stakeholders reported that caseworkers have concerns about the quality of foster homes. Some stakeholders also suggested that foster homes are being overloaded and that workers are not sufficiently trained to know how to assess risk for children placed in out-of-home care.

Stakeholders reported that with regard to residential facilities, standards are determined by licensing requirements, particularly standards pertaining to the use of restraints and using restrictions on physical space. Stakeholders reported that the Bureau of Licensing has been closely monitoring problems in institutions and conducts unannounced safety assessments with multidisciplinary teams.

Item 42. The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.

☐ Strength ☒ Area Needing Improvement

Item 42 is rated as an Area Needing Improvement. Although New Jersey has licensing standards in place, the CFSR found that the standards are not consistently applied to all foster homes or institutions.

According to the Statewide Assessment, the State applies standards consistently through a centrally administered licensing and approval process located in the Department of Human Services. To ensure consistency the licensing and approval requirements are continually reviewed, evaluated, and improved to ensure best case practice; child safety; and to avoid conflicts of interest in the review and approval process. As indicated in the Statewide Assessment, an exception process does exist to recognize an alternate means of compliance consistent with the health, safety, and needs of the children served. These are called variances or waivers. As indicated in the Statewide Assessment, the results of the State's survey were that while congregate care providers felt that standards were applied consistently, foster and adoptive parents perceived that "the standards are applied differently across the homes." The State suggested that this may be attributed to the use of variances.

Stakeholders noted that all licensed foster family homes or child care institutions must meet the same licensing standards. However, it was noted that waivers are frequently requested for relative foster homes. Waivers can be provided for minor crimes; some standards of the home, such as the space requirement; and for prior substantiated child abuse/neglect charges. Stakeholders noted that waivers or variances are not granted unless the agency demonstrates that it is in the best interest of the child to do so. However, several stakeholders reported that caseworkers are uncertain as to the criteria for granting waivers, how they can be used, and how long the process takes to secure approval.

The Statewide Assessment notes that children may be placed in relative care homes, operating under the Relative Support Permanency Program, which are non-licensed homes providing care to children who are related to, or have a relationship with the caregiver. The approval process for relative care homes has been in effect since January 2002. Relative Care homes must meet certain requirements that are similar to those for foster homes, including successful completion of CHRI and CARI checks. The caregiver's ability to care for and protect the child also is evaluated. The home is approved after the child's case manager from the local District Office or Adoption Resource Center has completed the required background checks and inspected the home. Relative care providers are not required to complete the training that is mandatory for foster parents. A relative care provider may become a licensed foster parent or an approved adoptive parent by meeting all of the appropriate requirements for foster or adoptive homes.

Item 43. The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

☒ Strength ☐ Area Needing Improvement

Item 43 is rated as a Strength because the State has implemented Federal requirements for criminal background checks.

According to the Statewide Assessment, the State requires thorough criminal history background checks on all prospective foster and adoptive home applicants. The following checks are required for each applicant and every adult family member in the home prior to approval of the home: State and federal criminal history reports based on fingerprints (CHRI), and Child Abuse and Registry Investigation check (CARI). Local police checks may be requested, but are not required if the police are not willing to provide them, and DYFS is able to conduct a Promis Gavel (*Promis Gavel* is a database of anyone who has been arrested for an indictable offense) check as necessary. As indicated in the Statewide Assessment, every family member over age 18, and any family member who reaches 18 years of age, must be fingerprinted.

The Statewide Assessment also notes that the State has implemented thorough criminal background clearance policies and procedures for contracted foster home agencies, and private adoption agencies. Recent legislation authorized that, beginning in 2004, mandatory criminal history and child abuse history checks must be completed on staff at child care institutions.

Stakeholders commenting on this item during the onsite CFSR noted that although the State complies with Federal requirements for criminal background checks, the fingerprint process can take up to a year, which is one of the reasons why adoption finalization is delayed.

Item 44. The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

☐ Strength ☒ Area Needing Improvement

Item 44 is rated as an Area Needing Improvement because although the State has made efforts to recruit foster parents reflective of the racial and ethnic identity of children in care, stakeholders identified some systemic barriers to recruiting a more diverse population. These barriers include a lack of agency responsiveness to public inquiries in response to recruitment efforts and the length of time required to obtain approval as a new foster family home.

According to the Statewide Assessment, the development of new homes is carried out by one of the Division's four Regional Foster Home Units or by an agency contracted with the State to recruit and conduct home studies of new homes and that DYFS developed and implemented a comprehensive foster parent recruitment plan that began in January 1999.

As indicated in the Statewide Assessment, New Jersey has been successful in recruiting foster parents that reflect the racial and ethnic diversity of children served. However, because the Statewide Assessment also notes that because the children in foster care are predominantly African American (64 percent at the start of FY 2002), there is a need for more African American foster and adoptive homes. Consequently, this is a targeted area of recruitment for the recruitment plan and as a result, recruitment focuses on the communities where the majority of the children live. In addition, the Statewide Assessment reports that although only 11 percent of the children in foster care at the beginning of 2002 were Hispanic, there is a need for more Hispanic homes. Information in the Statewide Assessment indicates that recent recruitment efforts have increased the number of people inquiring about becoming a foster parent, but these efforts have not resulted in a substantive increase in the number of foster homes.

Stakeholders commenting on this item during the onsite CFSR reported that adoption recruitment at the State level is directed by a Statewide recruiter and that there are local field recruiters in the ARCS. Stakeholders suggested that recruitment of adoptive parents is child specific. Stakeholders also noted that every county has a Foster Parent Association and that recruitment efforts are made through fairs, churches, TV ads and New Jersey transit ads.

Stakeholders noted that there are not enough diverse foster homes to meet the needs of African American, Hispanic, and Asian-American children and there does not seem to be a comprehensive State plan to meet these needs. They indicated that foster parents tend to recruit other foster parents and receive a monetary reward when the recruited family is licensed. Ocean County stakeholders reported that in that county, concerted efforts have resulted in success in engaging the Orthodox Jewish community in becoming foster parents for Orthodox Jewish children who are removed from their homes.

Stakeholders voiced concern that the agency is not responsive to families who want to become foster parents. They noted that the timeframe for becoming licensed as a foster parent can be as long as a year and that often DYFS does not respond to inquiries to

become a foster parent for several months. Stakeholders also expressed concern that because of the recent “bad press,” recruiting foster parents may become more difficult.

Item 45. The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

☒ Strength ☐ Area Needing Improvement

Item 45 is rated as a Strength because the State has employed a variety of mechanisms, including use of websites and monitoring efforts to facilitate cross-jurisdictional adoptions.

According to the Statewide Assessment, a review of the program involving inter-jurisdictional adoption placements has indicated that the State has been effective in securing adoptive families across State boundaries. This was attributed to the presentation of children in need of families on multiple websites and in written articles and publications to make their need for permanent homes nationally known. The Statewide Assessment also notes that the Adoption Resource Exchange (ARE), which makes matches and monitors the process of placements, also intervenes to overcome interstate barriers when necessary. The Exchange is seen as a very efficient and helpful part of the process.

New Jersey uses videotapes, videoconferences, and staff traveling to other States to present material on children as a way to further achieve placement. The State also arranges and pays for transportation for families to come to New Jersey to visit the child. This was noted to be a significant support.

Despite these activities, the Statewide Assessment notes that the lack of medical insurance for children who are not title IV-E eligible has resulted in loss of out-of-state placements for children.

Stakeholders commenting on this item during the onsite CFSR expressed the opinion that it is difficult to achieve interstate adoptions because of the bureaucratic issues pertaining to the Interstate Compact. They noted that home studies for interstate cases can take up to 2 years to be completed because no one wants to take responsibility. However, stakeholders also reported that the State uses the Adopt USKids website and their own adoption exchange website to find homes for children.